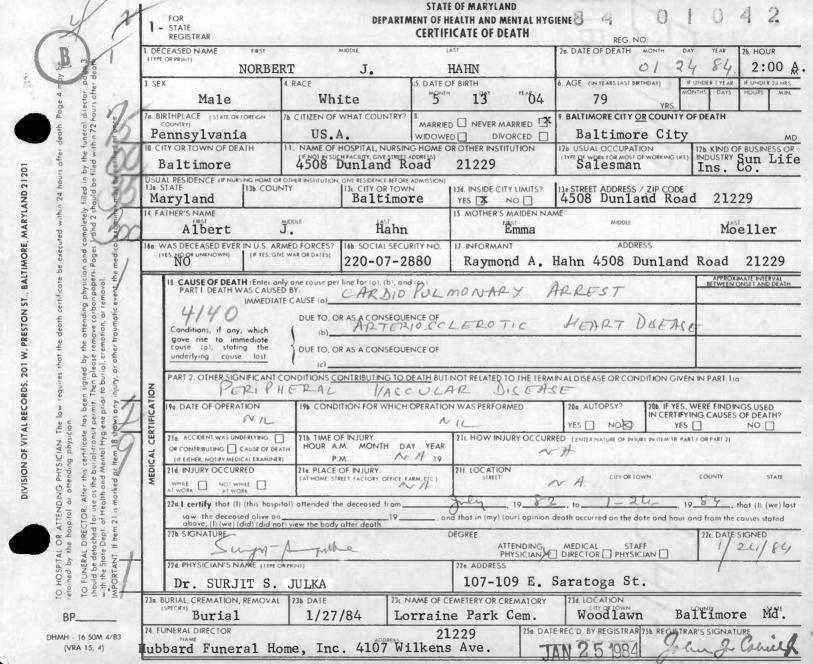
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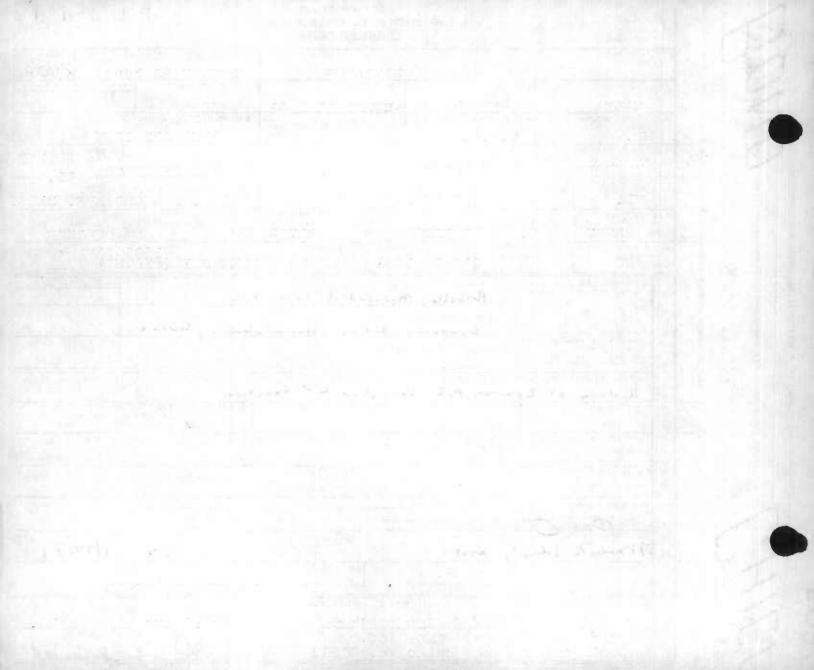


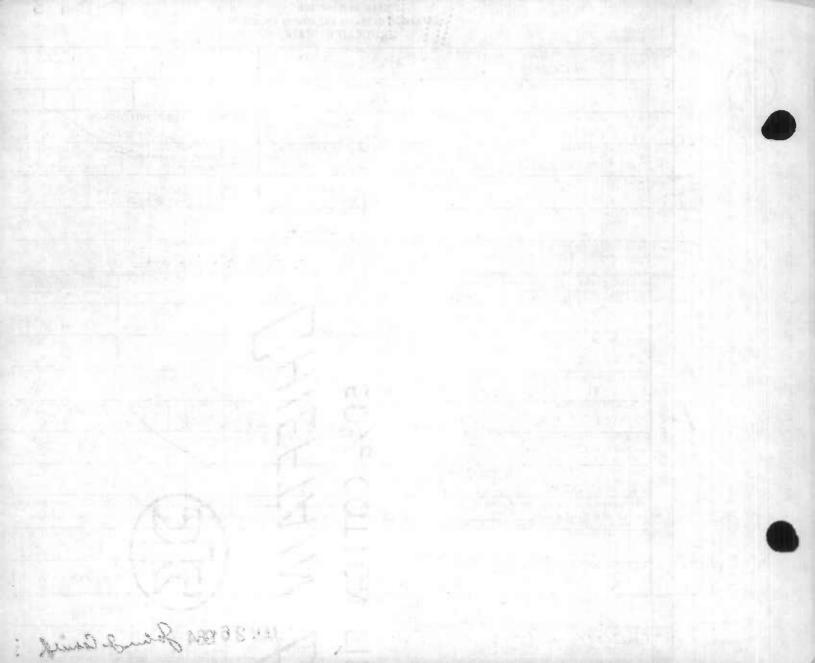
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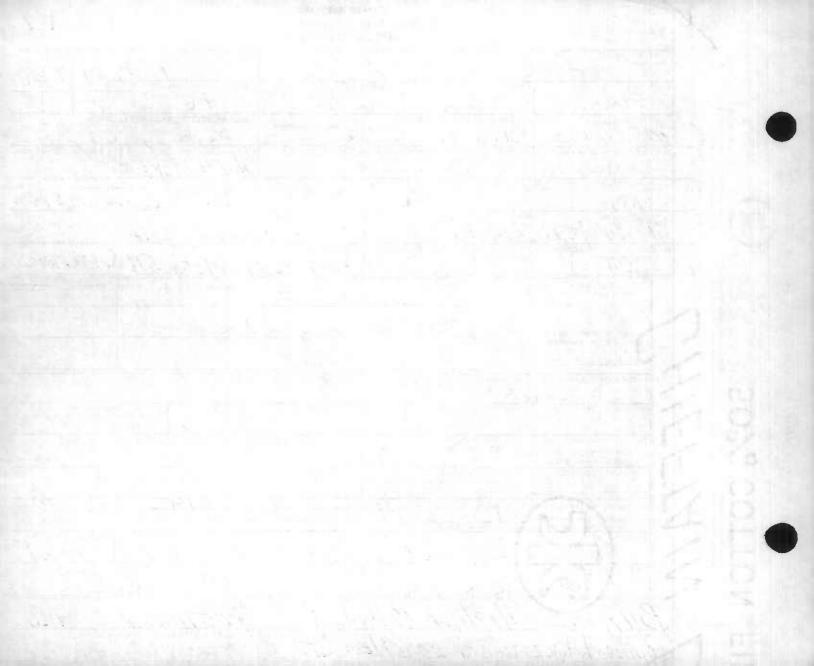
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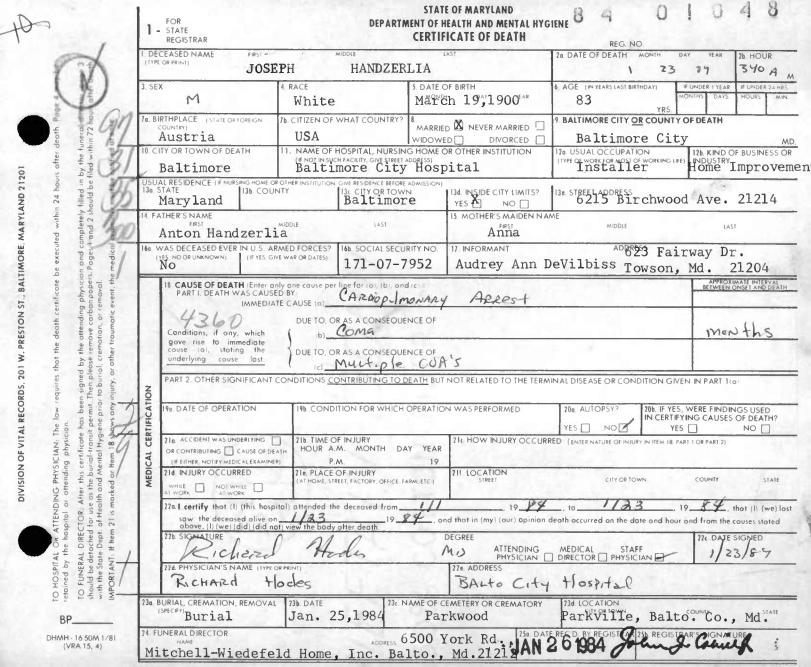




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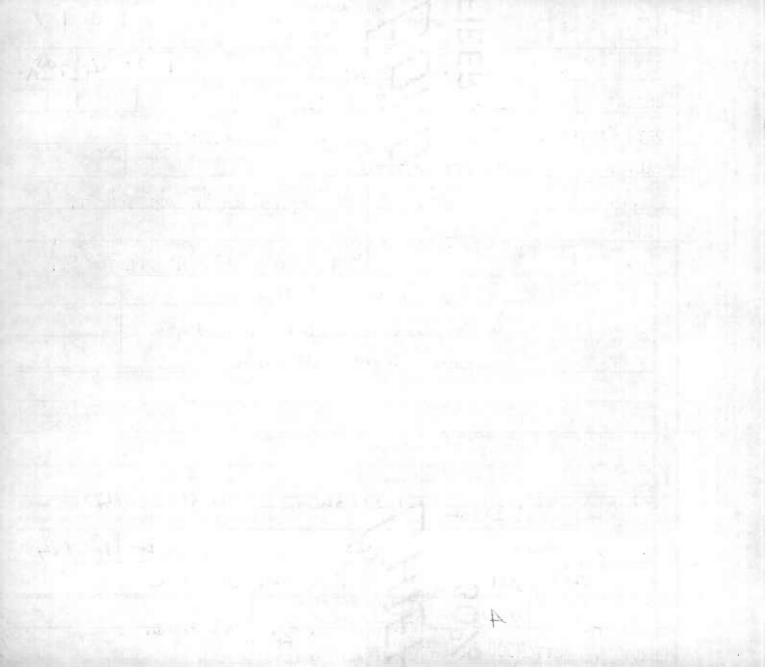
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that the table tem	ol, cremo r other tr	3	gave rise to immediate couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEC	ovence of concer		
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The low and has been if permit	2	CERTIFICATION	19a DATE OF OPERATION		CH OPERATION WAS PERFORMED	YES NO NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
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D HOSPITAL Ingreed by th O FUNERAL hoold be det	WOORTANT	-	Telfren	R KIRC	4 MIS GOOD	& samary	s Hospital
BP	_	1	AL, CREMATION, REMOVAL	23b. DAJE 2.	NAME OF CEMETERY OR CREMATORY	PALIAN	DORE COUNTY MID.
DHMH - 16 50A		1	MERAL DIRECTOR	nenwski 35	25 FLEET ST. 10	TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE





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4	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	IYGIENE B	01049
		CEASED NAME FIRST OR PRINT) MART	THA ANN	HANKS 15. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	1 31 84 20 HOUR
1		MALE	BLACK	5 2 DAY 1892 PAR	91	MONTHS DAYS HOURS ME
X)	NO NO	RTHPLACE (STATE OR FOREIGN COUNTRY) RTH CAROLINA	76, CITIZEN OF WHAT COUN	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY O	E COUNTY OF DEATH
39	В	ALTO.	PROVIDENT	OSPITAL	12a USUAL OCCUPATI	
36	134.3	AL RESIDENCE (IF NURSING HOME 136, COI	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY BALTO	YESX NO	11614 N. A	PPLETON ST.
300	J	OHN	MASON	MARY	WIDDIE	LAST
/ medica	160_V	VAS DECEASED EVER IN U.S. A YES NOOR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES)	JUNIUS HA	NKS 1614 N.	APPLETON ST. APPROXIMATE INTERVAL BAPPROXIMATE INTERVAL BAPPROXIMATE INTERVAL
ex gry injury, or other traum	IFICATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost PART 2. OTHER SIGNIFICAN' 19a DATE OF OPERATION		here heart fale	20a AUTOPSY?	20%. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
9	AL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E (IF EITHER, NOTHY MEDICAL EXAMIN 21d. INJURY OCCURRED	DEATH HOUR A.M. MONTH	DAY YEAR 19 216. HOW INJURY OCC	YES NO	YES NO RY IN ITEM 18. PART 1 OR PART 2)
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PORTANT, If then		224. PHYSICIAN'S NAME (TYP	0.11	DEGREE ATTENDING PHYSICIAN 220 ADDRESS PAR de		TIAN [1] 31 (& 7
3/	23a. I	BURIAL, CREMATION, REMOVA	2/4/84	23t. NAME OF CEMETERY OR CREMATOR	23d. LOCATION CITY OR TOWN	COUNTY STATE
M 4/83		UNERAL DIRECTOR DYFT	T 4600 LIBÉR			THE GISTRAR'S SIGNATURE



3.	3	1-	FOR STATE REGISTRAR	DEPARTM	IENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	GIENE 8 4 0	1 0 5 0
1		I. DE	CEASED NAME FIRST	MIDDLE	LAST	2g. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
14 23		(TYPE	ORPRINT), Shirl	Leu \hat{L} . Ho	,	- T.	1784 1248 B
(5 No 5)		0.00		4. RÁCE	nnon	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
C 12		3. SE	6	4. RACE	MONTH DAY YEAR	I AGE (INTERNSTRATION)	MONTHS DAYS HOURS MIN.
8 25		/	FEMALE	WHITE	8 8 31	VRS.	
2 Pd di	22 1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	TY OF DEATH
nero nero	30	B	ALTO, MO	USA	WIDOWED DIVORCED	DALTIMORE	CITY MD
er de fu	201	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET.		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OR
of the	5/	B	ALTOMURE	MERCY H	OSPITAL	DISMBLEIS	are; indoorner
hour d in b	275	USU. 13a. S	AL RESIDENCE DENUISING HOW OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE ITY County BALTE	ADMISSION) N 113d. INSIDE CITY LIMITS?		
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ithir 2 sh	Res !	14. FA	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	ME	TPAL
y budie	ON STATE		Harry U	1. HANN	ON EMMA	- MIDDLE	CONNER
5 37	8 4		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		J. Robert Conner	
o o o	medico	(YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES) 214-20-1	5512-18 Dunmore Re	oad Catonsville,	MD. 21228
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de de	0		Canditions, if any, which gave rise to immediate	(b) whale	and hadring		
the the	her		cause (a), stating the	DUE TO, OR AS A CONSEQUE	NCE OF PRESTON (R)	middle form	
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PHYSIC ending I this cert to burial	i i	MEDICAL	214. INJURY OCCURRED	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
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00 0	S S		220.1 certify that (1) (this haspi	tal) attended the deceased from_		, to	, 19, that (I) (we) last
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he property				1 hum	ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	1/17/84
HOSPITAL ned by 11 FUNERAL JId be det	N N	30	22d. PHYSICIAN'S NAME (THE	ERRO	22e. ADDRESS		1 1 1
HOSPIT ined by FUNER	MPORTANI		G. LEE	RUSSO	1205-40R1	(Rd. 2109	3
TO HOSPITAL retained by th TO FUNERAL should be dete	IMP IMP	22-	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION	
20		230.	(SPECIFY) Burial			CITY OR TOWN	COUNTY STATE
ВР	-			1-21-84 Sa	lem Church/Brether	m Stephens Fred TE REC'D. BY REGISTRAR 256 REGI	derick VA.
DHMH - 16 50M				Byers Funeral, D		1 4 0 4004	C. Calada
(VRA 15, 4)	87	28 Liberty Road	Randallstown.	MD. 21133 JA	1 9 904	- Car Charles Al

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08	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF	E OF MARYLAND BEALTH AND MENTAL HYP CICATE OF DEATH	GIENE REG. N	0 1 0) 5
3	(TYPE	WILLIAT	ALLY MIDDLE	HAR	2 BUCK	JANUAR	1 22 8	1,1
de e ma	3. SE	M	4. RACE	5. DATE (MONT 7		6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN.
in 72 to		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUN	WIDOW		BALTE.	CITY	M
The state of the s	1	BALTO	11. NAME OF HOSPITAL, NI (IF B) OT IN SUCH FACILITY, GIVE	URSING HOME (STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAŁ OCCUPATI (TYPE OF WORK FOR MOST C	F WORKING LIFE) INDU	IND OF BUSINESS OF STRY CWN CHSE
al bed in	13a. S	11 1 1 1 P		TOWN	134. INSIDE CITY LIMITS?		ZIZLI XCHASE	RO
130		ATHER'S NAME FIRST V NK	MIDDLE LAS		15. MOTHER'S MAIDEN NA	/E MIDDLE	LEE	LAST
12		VAS DECEASED EVER IN U.S. AI YES, NO OR UNKNOWN) (IF YES, GI	IVE WAR OR DATES!	SECURITY NO.	HELEN F	1ARBUCK	AB	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
in signed by the otherdi Then please remove corrector in to burial, cremotion, ar injury, ar other traumoti	NOI	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONS	SEQUENCE OF	DCENOS (EL		DITION GIVEN IN PA	RT You
hos been to permit.	CERTIFICATION	190. DATE OF OPERATION	. 19b. CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
burial-fronsi Mental Hyg or Hem 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE 214. INJURY OCCURRED	HOUR A.M. MONTH	H DAY YEAR	216. HOW INJURY OCCUP			
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DIRECTOR: oched for us Dept. of He If Nem 21 is		220. I certify that of this hasp saw the deceased alive or above, (1) free did (did n 22b. SIGNATURE	of) view the body ofter deoth.	19_840		, , , ,	ote and hour and from	, mo (me) io
should be det with the State		224 PHYSICIAN'S NAME (TYPE ANDREW	1/		3AGTIHO	RE CMY	405PITAC	
<u>33</u>		BURIAL, CREMATION, REMOVA (SPECIFY) $B \nu R 1 A L$	1/25/84	23c, NAME OF	LAWN	BALTO	COUNTY	
16 50M 4/82		UNERAL DIRECTOR	300	PRESS AN AC	-	TE REC'D. BY REGISTRAR		GNATURE

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(VRA 15, 4)

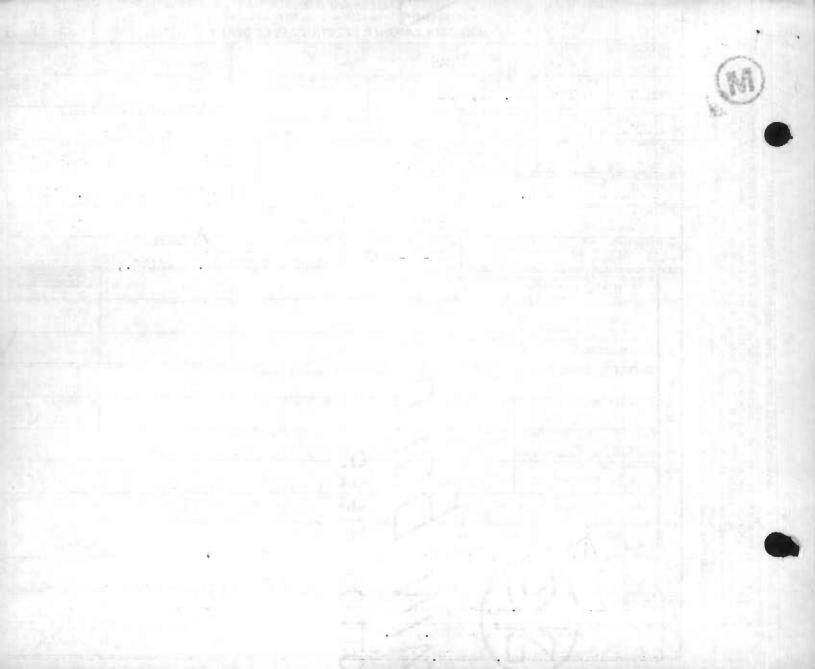
1-	FOR STATE REGISTRAR		DEPART	MENT OF H	EALTH AND MENTA		REG. NO.	10	5 2
	CEASED NAME	FIRST ERTHA	M.		AR DY	2	20. DATE OF DEATH MONTH DA	5-1984	26. HOUR 7.30 PM
3. SE	x Female	4: RACE Wh	ite	5. DATE O		22	61 YRS.		HOURS MIN.
Vi	RTHPLACE (STATE OR FO COUNTRY) rginia	U.	S.A.	MARRIE			Baltimore Ct	ity	M
1/	Baltimore	St	. Agnes Ho	spita	OR OTHER INSTITUTION		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Waitress-Barmaic	INDUSTRY	BUSINESS OR
Ma	ryland	IG HOME OR OTHER INSTITUT 13b. COUNTY	136. CITY OR TOV		13d. INSIDE CITY LIMI YES 🔀 NO	and .	557 S. Beechfiel	ld Ave.	21229
1	Sam	WIDDLE	Evins		15. MOTHER'S MAIDE		MIDDLE	Richa	rdson
16a V	VAS DECEASED EVER I YES NO OR UNKNOWN) NO	N U.S. ARMED FORCE: (IF YES, GIVE WAR OR DATE)			Ellis E.	Pick	ADDRESS kle 3765 Birdsvil		21035
CERTIFICATION	PART 2 OTHER SIGN 19a, DATE OF OPERAT				NOT RELATED TO THE	E TERMIN	NAL DISEASE OR CONDITION GIVE	WERE FINDING	OF DEATH?
	210. ACCIDENT WAS UNDI	AUSE OF DEATH HOUR	E OF INJURY A.M. MONTH I	DAY YEAR	21c. HOW INJURY O	CCURRÉI	YES NOW YES O (ENTER NATURE OF INJURY IN ITEM 18 PAR		NO 🗍
MEDICAL	21d. INJURY OCCURR WHILE NOT WHI AT WORK AT WOR	ED 21e. PLA	CE OF INJURY E. STREET, FACTORY, OFFICE		211. LOCATION STREET	Ŋ	CITY OR TOWN	COUNTY	STATE
4	22a.1 certify that (1) sow the decease	this hospital attended a live on RICR 7.2 d) (did not) view the bi	ph = 01/06 19	84.,0	DEGREE ATTEND PHYSIC	ING IAN I	MEDICAL STAFF DIRECTOR PHYSICIAN WAY AGNES HOSPI	22c. DATE S OI/O	6/84.
23a. I	BURIAL, CREMATION, P (SPECIFY) Burial		234		ncoln Ceme	TORY	23d. LOCATION	P.G.	Md . STATE
	ubbard Fune	eral Home,	Inc. 4107			JA	REC'D. BY REGISTRAR 256. REGISTR.	AR'S SIGNATU	shield

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DATE, KNOWN FIRST DECEASED NAME 2b HOUR OF ESTI-DEATH MATED JOAN CAROL HARMON 1984 4. RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. 24 HOUR IF UNDER 24 HRS DATE 32 RTHDAY) 1:30 NOV. 21, 1951 PRONOUNCED FEMALE WHITE DEAD 1984 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR NEVER MARRIED MARYLAND USA WIDOWED DIVORCED Baltimore City D. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17b. KIND OF BUSINESS Baltimore Sinai Hospital 136. STREET APPRESSE VILLAGE CT. 21136 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 13d. INSIDE CITY LIMITS? 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE WIENER LOUIS LEVITT ADA 166. SOCIAL SECURITY NO. 17 INFORMANT MICHAEL LEVITTS NO OR UNKNOWN) 218-60-8882 3437 PHILIPS DR RALTO 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Gunshot wound to head (handgun) IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT OF HE PRIOR TO BURIAL, YES X NO [21a. EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING TOR 1984 Self-inflicted. 1 xx 1-12-CONTRIBUTING CAUSE OF DEATH 211 LOCATION 2 TE PLACE OF INJURY SATHOME. 214 INJURY OCCURRED PAGE 4 SHOULD BE FORWARDER
TO FUNERAL DIRECTOR: PAGE 3
AFTER DEATH, WITH THE STATE DE
BALTIMORE, MARYLAND, 21201 F CITY OR TOWN WHILE AT WORK building Sinai Hospital Md. Balto. X Autapsy 22a. I certify that I taak charge of the remains described above, held an Inquiry X Undetermined manner Natural causes TITLE (SPECIFY) 1-12-84 Assistant SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., Md. JAN. 13, 1984 BALTIMORE MARYLAND BP 24. FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 251 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) RD. BALTO, MD 21215

20M 4/82

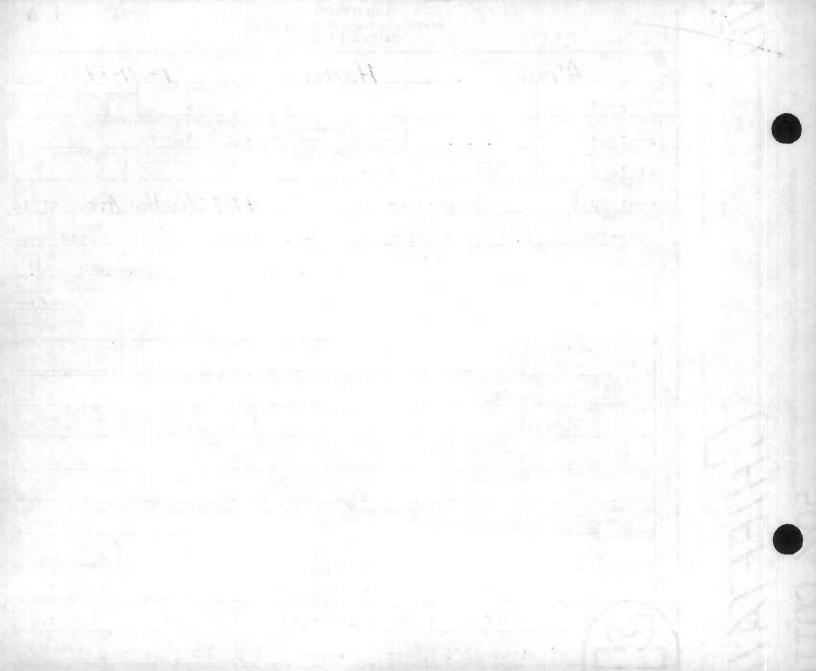
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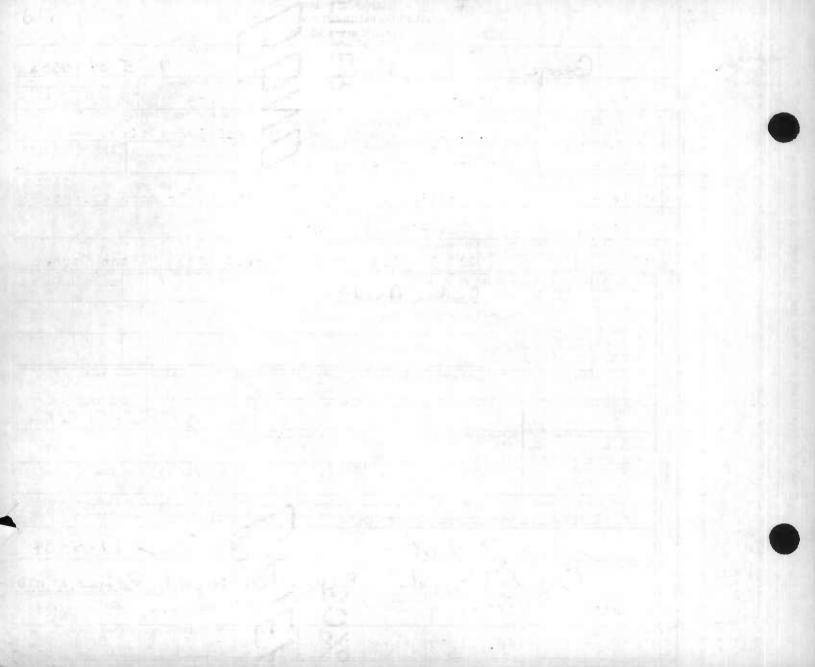


	STATE REGISTRAR EASED NAME OR PRINT)	FIRST	WEDI	STA PARTMENT OF I CAL EXAMIN	ER'S C	ERTIFICATE (OF DEATH	TE KNOWN - F ESTI- ATH MATED	MONTH	DAY YEAR 14-84	2b. HOUR
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13a. S		136 COUNTY		RESIDENCE BEFORE ADMISSION 130. CITY OR TOWN Balto.		134 INSIDE CITY LIMITS?	13. STREET AC	Woodla	and A	ve. 21	215
14 FA	CT1 fto	n M	DDIE Harris	LAST		15. MOTHER'S MAII	DEN NAME	MIDDLE	Whit	tingto	n
16a. V	YAS DECEASED EV S, NO, OR UNKNOWN) NO	ER IN U.S. ARMED	FORCES?	217-76-7		Odessa	Whittin	g3319		lland A	ve.
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	304	if ony, which		S A CONSEQUENCE	OF						
	gave rise	ta immediate ting the <u>under-</u>	(b)	S A CONSEQUENCE (OF						
N N	PART 2 OTHER SIGNIF	ICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE	OR CONDITION GIVEN IN I	PART 1 (e).				
CERTIFICATION	19a. DATE OF OP	ERATION	19b. CONDITIO	ON FOR WHICH OPER	ATION W	AS PERFORMED?				20 AUTOPSY	(?
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MEDICAL	21d INJURY OCC WHILE N AT WORK A	OT WHILE T	21e PLACE OF STREET, FACTOR	INJURY (AT HOME, IY, FARM, ETC.)		CATION treet	CITY C	DR TOWN	cc	YTAUC	STATE
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	ACTUAL	Walles	ule, Im	く ハハハ 人							-04
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(5	SIGNATURE EXAMINER'S NA (TYPE OR PRINT)	Marga N, REMOVAL 236 (Korell, M. 23c. NAME OF CEA Arbut	METERY OF	ADDRESS 1:	11 Penn 23d. LOCATIC CITY OR TOW Abbu	Stree	t	צ ייזאע	STATE

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dor po	3 SE		1 4 RACE	lack	5. DATE C	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIRT	MONTHS	DER I YEAR 5 DAYS	IF UNDER 24 HRS HOURS MIN.
oth. Poge erol direc 72 hours		RTHPLACE ISTATE OR FOREIGN COUNTRY)	76 CITIZEN OF	F WHAT COUNTRY?	8 MARRIE	1 07	9. BALTIMORE CITY OF			
ofter ded the funded within	10 C	ITY OR TOWN OF DEATH altimore	11. NAME OF	S.A. FHOSPITAL, NURSIN UCH FACILITY, GIVE STREET I MORE CI	ADDRESS)	R OTHER INSTITUTION	Baltimo 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF	ON 12b		F BUSINESS OR
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d within npletely f	_	ATHER'S NAME FIRST Bliss	MIDDLE	Harri	-	IS. MOTHER'S MAIDEN NA		rescon	LAST	
ond con	160.\	WAS DECEASED EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECL	JRITY NO.	17 INFORMANT Harding Ha	ADDRE		on S	treet
ires that the death certifying by the attending pin please remove cabon, burial, cremation, or rem		Conditions, if ony, which gove rise to immediate couse lot, stating the underlying couse lost. PART 2. OTHER SIGNIFICAN	(b)_ DUE TO, (c)_	OR AS A CONSEOUI	ENCE OF	NOT RELATED TO THE TERA	NINAL DISEASE OR CONE	DITION GIVEN IN	PART 11a	17
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NG PHY offends frer this os the bi th ond M	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		E OF INJURY STREET, FACTORY, OFFICE, F	FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	AN CC	OUNIY	STATE
Spital or CTOR: A Ifor use of Heal		220.1 certify that (I) (this has sow the deceased alive above, (I) (we) (did) (did	on	19		d that in (my) (our) opinion	deoth occurred on the do			hat (I) (we) lost couses stated
TAL OR y y the ho RAL DIRE detoched ote Dept		226. SIGNATURE	leples]!	Soult	h		MEDICAL STAF	F	124. DATE S	SIGNED 5-84
TO HOSPITAL retoined by to TO FUNERAL should be det with the Stote		22d. PHYSICIAN'S NAME (14P	egory T	. Smith		Baltimore	Cellospeto	l Bel	fimo	ve, Mr.
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DHMH - 16 50M 4/83		uneral director m CME March F/	H Inc.	110 TOORPS	Nort		TE REC'D. BY REGISTRAR	Sb. REGISTRAR'S	SIGNATU	IRE & K



05	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 4 0 1 0 CERTIFICATE OF DEATH REG. NO.							
(,B;)		CEASED NAME FIRST OR PRINT) That		MIDDLE	(1)	arris	20. DATE OF DEATH	30 SE	4 COUP M	
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The state of the s	10. CI	Baltimore	I IF NOT IN SU	HOSPITAL, NURSII	ADDRESS)	to.Md.	TYPE OF WORK FOR MOST OF	WORKING LIFET INDUS	IND OF BUSINESS OR STRY	
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d - th	14. FA	THER'S NAME FIRST OBERT	MODIE	Collins	3	15. MOTHER'S MAIDEN NAM	ME MIPPLE Jane	e Go	podman	
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quires that the dea signed by the otte Then please remove to burial, cremotion njury, or other trour	NO	Conditions, if ony, which gove rise to immediate couse (o), storing the underlying cause last. PART 2 OTHER SIGNIFICANT Probable 00	CONDITIONS	OR AS A CONSEOU		NOT RELATED TO THE TERM	inal Disease or Coni	DITION GIVEN IN PA	IRT Ira	
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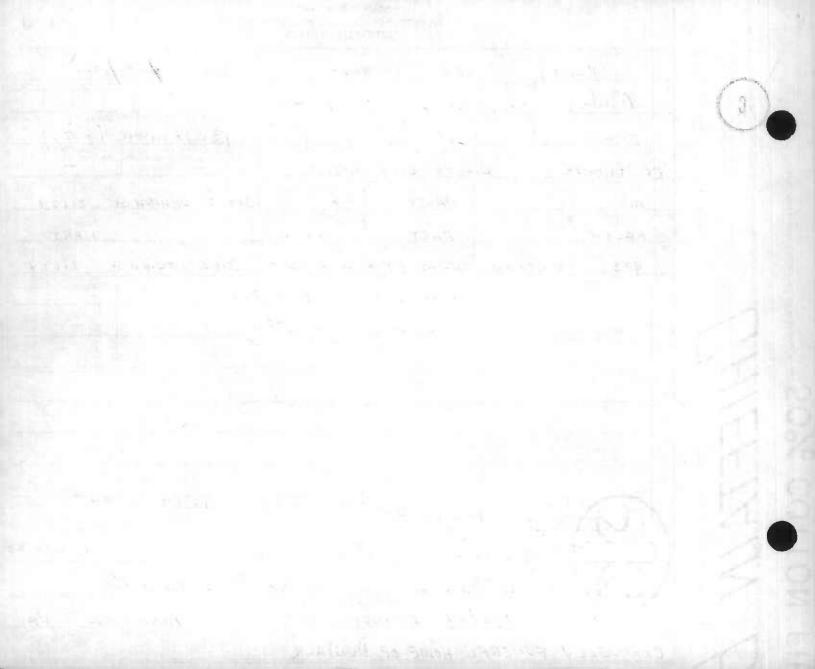
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	8	ti.	FOR STATE REGISTRAR	DE	PARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO.	0 1 0 6 0
			CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
1 2	11	(""	RANDY	LEE	1	PART	JAN. 1	30/1984
Cc	1	3. SE		Can casia	5. DATE (6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN
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other de		10.0	Raltimore	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV BALTO	NURSING HOME (PROTHER INSTITUTION HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK!	126 KIND OF BUSHVESS C
4 hours	filled in b	USU 13a.	AL RESIDENCE (IF NURSING HOME OF STATE 13b. COUR	ROTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY O	E BEFORE ADMISSION)	136. INSIDE CITY LIMITS?	130. STREET ADDRESS	
nin 2	E of Car	14.5	m D .	13A	LTO	YES 🔀 NO 🗍	308. S. LEHIG	H St. 21224
W HEIN	d 2 and 2 and 2 and 2	14. 6	ATHER'S NAME	MIDDLE		FIRST	WE	LAST
pate	E 5	2	RALPH		RT	LELA	i Danes s	HART
xec	ond o		WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIA	L SECURITY NO.	17 INFORMANT	ADDRESS	
9	Poge	_	YES VIE	TNAM 215- 4	46-5770	LELA HART	310 S. LEHIL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
requires that the	en signed by the Therepiens	NOIL			IG TO DEATH BUT		VINAL DISEASE OR CONDITION	
The low	hos be	CERTIFICATION	19a. DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		YES NO NO	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO
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ING PHYS	fter this os the thond M	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	214. LOCATION STREET	CITY OR TOWN	COUNTY STATE
R ATTENDIN	for use of Health	1	220.1 certify that (1) This hasp sow the deceased alive as above (1) (we) (did) (did no	1		nd that in (my) (our) opinion	deoth occurred on the date and	hour and from the couses stated
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HOSPII toined by	should be deta with the State		220 PHYSICIAN'S NAME (TYPE)	hathan	_	10/2 018	North Poin	120.
O pter	= = 3 3	23a.	BURIAL, CREMATION, REMOVAL	. 23b. DATE	23t. NAME OF C	EMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
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DHMH -	6 50M 4/82	24 F	UNERAL DIRECTOR				TE REC'D. BY REGISTRAR 256. RE	GISTRAR'S SIGNATURE
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BALTO., MD

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6010 REISTERSTOWN RD.

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

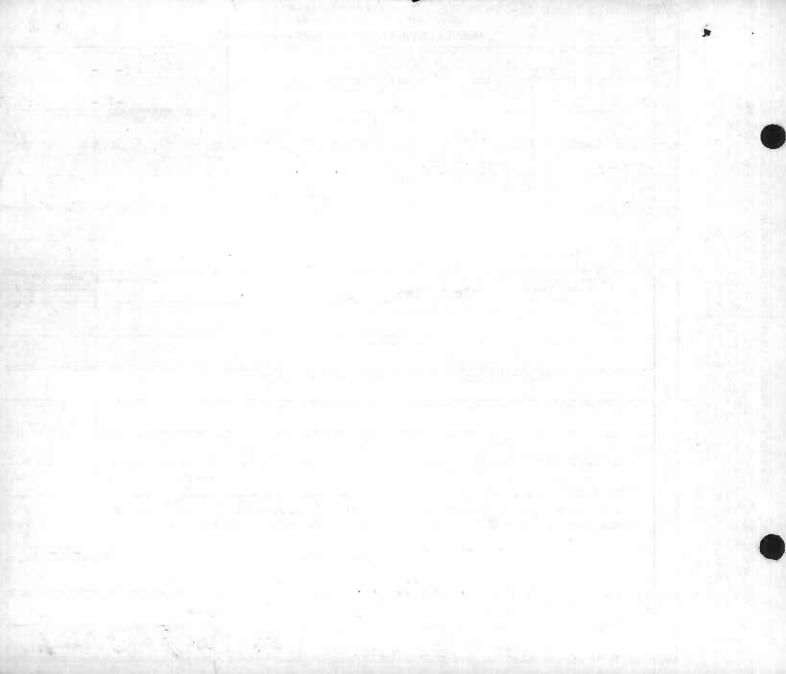
CERTIFICATE OF DEATH

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REG. NO

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VITAL RECORDS, 201 W. PRESTON STREET,			HE	RBERT		J.	H	ARVEY	(DEATH	MATED [1 1	4-8419		
3	3. SEX		4. RACE	5. DA		YEAR	6 AGE (IN YE	ARS IF UI	NDER 1 YR. IF UN	DER 24 HRS.	20. DATE	CED	MONTH	DAY	YEAR	2d, HOL
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7	14 FA	THER'S NAME		MIDD	LE		LAST		15. MOTHER'S M.	AIDEN NAM	E MI	DDLE		LAS	······································	
14		Arthur					arvey		Regir	na				Dowe		
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		lying cao	se tust.	- ((c)	197										
73	z	PART 2 DTHER SIG	NIFICANT CONDIT	TIDNS CONTRIB	UTING TO DEATH	BUT NOT REL	ATED TO THE TERM	IINAL DISEAS	SE DR CONDITION GIVEN	N PART 1 (a).						
3	MEDICAL CERTIFICATION	19a. DATE OF	OPERATION		19b. CONDI	TION FOR	WHICH OPER	RATION V	VAS PERFORMED?					2D. AUT	OPSY?	
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9	ALC	UNDERLYING CONTRIBUTION	OR	OF DEATH			DAY YEAR	R								
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	WE	WHILE AT WORK	NOT WHILE AT WORK		STREET, FAC	TORY, FARM, E	ETC.)		STREET		CITY OR TOW	'N	cc	YTAUC		STATE
		22a. I certif	y that I took cl	harge of th	e remains de	scribed abo	ove, held an	Autop	osy . Inspe	ction XX	Inquiry	, on	d in my a	pinion		
		death resulte	d fram: N	Natural cau	ses X	Accident	, Su	icide [, Hamicide	7	termined mai	nner,				
			Al.			1	1		TITLE (SPECIFY	')						
4		ACTUAL SIGNATURE	1147	2002	T K	V6 2	mul	N	A.D.Assista	nt MED	ICAL EXAM	INER	DATE	ED 1-1	4-8	4
7	/	EXAMINER'S I (TYPE OR PRIN	NAME	 Marga	rita A	. Kor	all M	, D.	ADDRESS 11	1 Penn	Stree	<u>+</u>				
	23o.Bl	JRIAL, CREMAT		AL 23b DA	TE				OR CREMATORY	23d. LC	CATION					
	(9	BURIAL		1/	18/84	N	Nount 2	ion	Cemetery		nscow.	ne,	COL	YIMIY	Mď.	TE
	24. FU	JNERAL DIREC	TOR		ADDRESS				25a. DA	TE REC'D. B	REGISTRAF	REGI	STRAR'S	SIGNATURE		,
)	Wm	C Marc	h F/H	Inc.			h Aver	ue.	J	ANI'	1984	go a	nd	- lake	ug	



FOR - STATE

1. DECEASED NAME

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 2a. DATE OF DEATH LAST Harvey Virgil MIDDLE W. 2b. HOUR (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS DAYS 63 BALTIMORE CITY OR COUNTY OF DEATH Ballimore City Baltimore City 12b. KIND OF BUSINESS OR 12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Laborer Construction 13e STREET ADDRESS 1101 63rd Street 21237 Tane Harvey ADDRESS Grace E. Harvey 1101 63rd Street APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF YES [NO TO 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE , and that in (my) (our) ppinion death accurred on the date and hour and fram the causes stated 224 DATE SIGNED January 1980 DIRECTOR PHYSICIAN A

23d, LOCATION

Maryland Sykesville

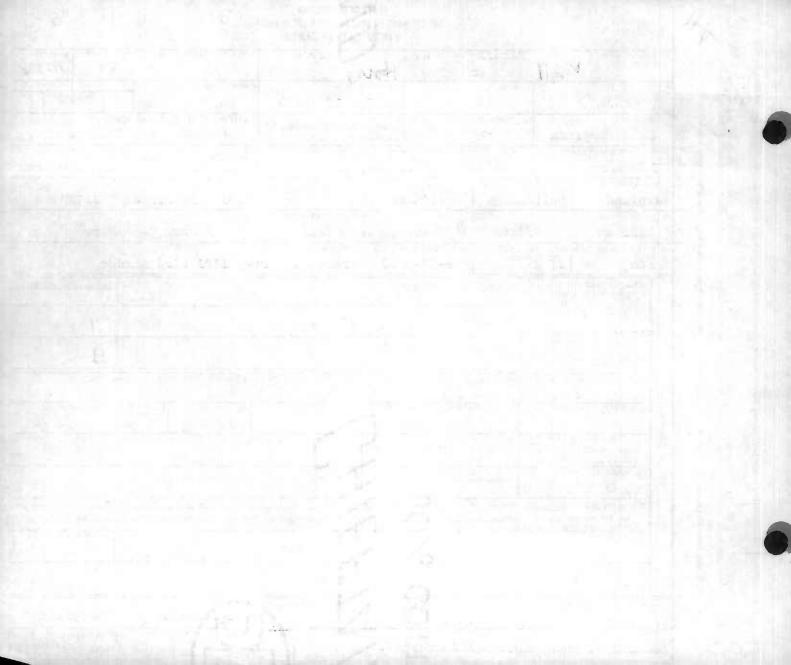
Leonard J. Ruck, Inc. Baltimore, Md.

24 FUNERAL DIRECTOR

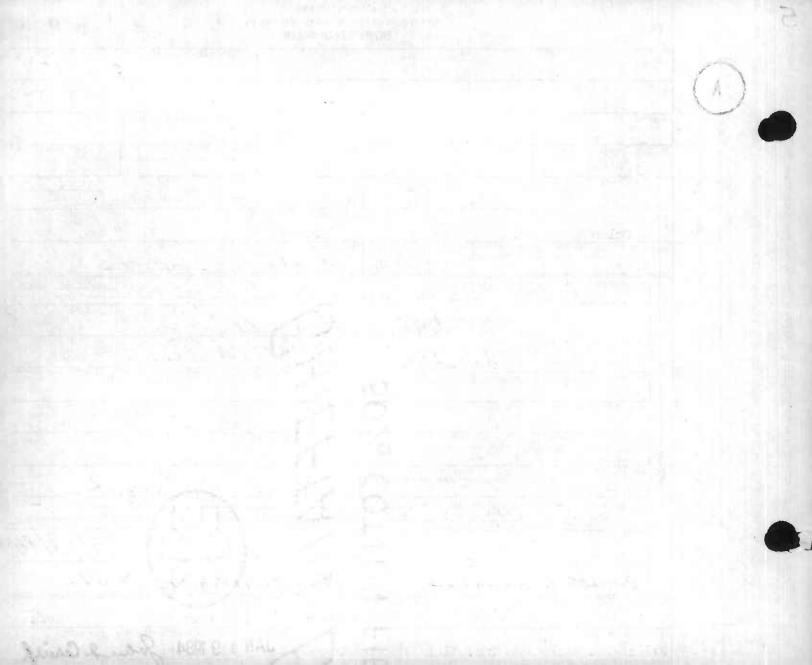
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(VRA 15, 4)

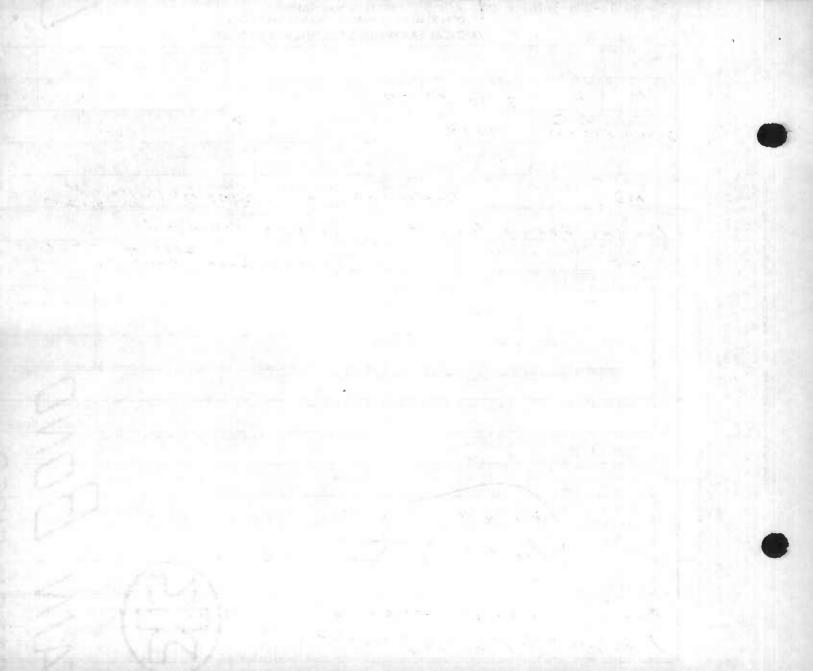
250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



8		1-	FOR STATE REGISTRAR		DEP	ARTMENT OF H	OF MARYLAND EALTH AND MENTA ICATE OF DEATH	1	REG. NO.	0 1	06	4
2	X		EASED NAME FIRST	lliam	MIDDLE		vev SR	2	a. DATE OF DEATH MONTH	DAY YEAR	146	AM
4 may	A)	1, SEX		4. RACE	Ş-	S. DATE C	DE BIRTH YEA	AR	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DA	EAR IF UNDER 24 H	AIN.
	1/3	C	Male RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF		MARRIE	12 10 NEVER MARRIE	0 0 9	BALTIMORE CITY OR COUN	ITY OF DEATH	1	
ob spec		10. CI	irginia TY OR TOWN OF DEATH	11. NAME OF I	H FACILITY, GIVE S	TREET ADDRESS)	OR OTHER INSTITUTIO	ON I	Baltimore Cit 20. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORK INC	126. KIN	ID OF BUSINESS	OR
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ARYLAN	nd Z sho		ryland THER'S NAME FIRST Colin	MIDDLE TAT	Balti		15. MOTHER'S MAID			Ge	LAST	
AORE, M	ogo ond com		AS DECEASED EVER IN U.	S. ARMED FORCES?		SECURITY NO. 0-9530	17. INFORMANT Carl Har	VeV	ADDRESS 5000 Plymouth			
DS, 201 W. PRESTON ST., BA	igned by the otherding physical places remove carbon pap obused, cremotion, or remove tury, or other traumatic event,	Z	IS CAUSE OF DEATH (En PART I. DEATH WAS C. IMMI Conditions, if ony, whis gave rise to immedia couse tol, stating it underlying couse los	DUE TO, O	RAS A CONS	EQUENCE OF	Colon Corcle Corcle MOT RELATED TO TH	7-	Hyperical	Sim	PROXIMATE INTERVAL PERN ONSET AND DEA	+3 -
AL RECOR	September 1	RTIFICATION	90. DATE OF OPERATION			HICH OPERATIO	N WAS PERFORMED	153	YES NO PO IN CER	RTIFYING CAU YES	NDINGS USED ISES OF DEATH? NO [
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AND OR A	RAL DIRECTOR DIRECTOR DIRECTOR DIPERTOR		226. SIGNATURE	elean	uff	14		DING CIAN (1)	MEDICAL STAFF DIRECTOR PHYSICIAN	22c D	ATE SIGNED	94
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BI	P		BURIAL, CREMATION, REMO SPEURIAL	236. DATE 1/23,	/84		Memorial	Pk.	Arbutus,	COUNTY	Md.	E
	- 16 50M 4/B2 (RA 15, 4)		uneral director 11 iam C. imar	ch F/H Inc	. 1101	E Nort		JA	N 1 9 1984	ISTRAR'S SIGI	- Grie	1

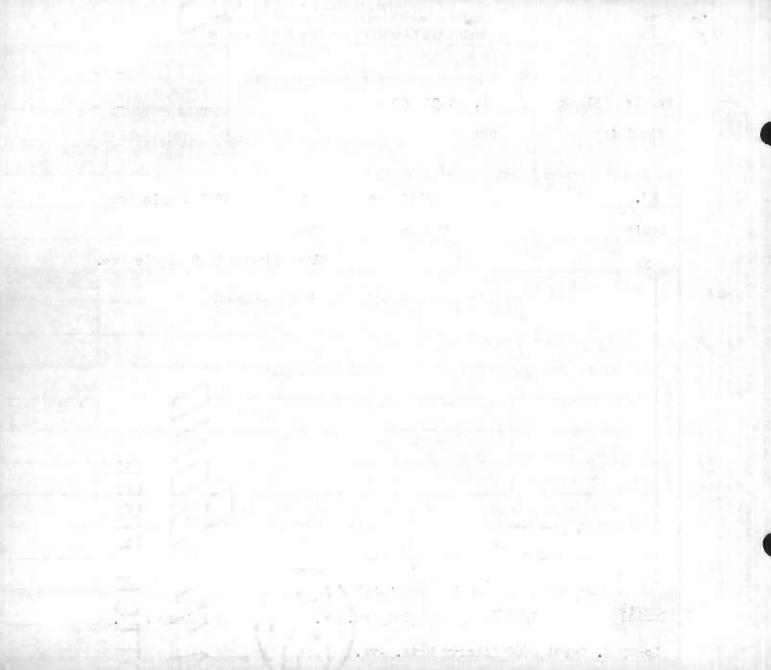


FOR STATE REGISTRAR	3-22a 3/14,		RTMENT OF HE	OF MARYLAND ALTH AND MENTAL R'S CERTIFICATE		REC	O 3, NO.	1	0 (5 5
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3. SEX	B	DATE OF BIRTH MONTH DAY YE	AR LAST BIRTHDAY)	IF UNDER 1 YR. IF UNDER MONTHS DAYS HOURS	MIN. PRO	DATE NOUNCED DEAD	M	1	17 ₁₉ 8	84 10:
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STATE MD	(IF IN NURSING HOME OR C	OTHER INSTITUTION, GIVE RESID	ENCE BEFORE ADMISSION) CITY OR TOWN OAFIMON	13d INSIDE CITY LIMITS? YES NO		ADDRESS (11	1-14	14	12
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16a. WAS DECEASE (YES, NO, OR UNKNO	D EVER IN U.S. ARME DWN) (IF YES, GIVE WA		SOCIAL SECURITY N	O. TI. INFORMANT	& HURA	2.299	RESS	PA	י א פ	14
gave ri couse (o lying cou		CAUSE (a) DUE TO, OR AS A ((b) DUE TO, OR AS A ((c)	UTE DISOTO CONSEQUENCE OF CONSEQUENCE OF RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN	PART I (a).					
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	AL CAUSE WAS G OR ING CAUSE OF DE		RY NTH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATUR	E OF INJURY IN ITE	M 18 PART	1 OR PART 2	YES D	X) NO 🗆
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EXAMINER'S (TYPE OR PRII	TION, REMOVAL 23b	omas D. Smi	th, M.D.	ERY OR CREMATORY	Penn St					STATE



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	IS NEED WEED WEED WEED WEED WEED WEED WEED		ITY OR TOWN OF	DEATH	USA	SPITAL NURSIN		THER INSTITUTION	120. USUAL OCCUPATION	more Ci	126. KIND OF BI	MD.
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RECORDS, 201 W. PRESTON ST., BALTIMORE, MD.			No					Clara Bi	vens 1009 Are	syle Ave		41/4/10
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5	S S S S S S S S S S S S S S S S S S S		PARTIDEA	TH WAS CAUSE		ctor:onol	oratio	cardiovascu	lar disease		BETWEEN GRAN	LI XIAD DEXIII
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SOS	A PE SECTION		PART 2 OTHER SIGN	FICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT NOT RELATED TO	THE TERMINAL DISE	ASE OR CONDITION GIVEN IN P.	ART 1 to .			
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or m	- CEAN ME	CERTIFICATION	190 DATE OF O	PERATION	19b CON	DITION FOR WHIC	H OPERATION	WAS PERFORMED?			20 AUTOPSY	12
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Ö	A HOME	Ö	UNDERLYING			M. MONTH DAY	YEAR ZIG	HOW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PAI	λī 2}	
O	ELODES 1	3	CONTRIBUTING	CAUSE OF	DEATH P	.M.	19					
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5	ARDIN SOL	2	WHILE AT WORK	NOT WHILE	SIREE!, F	ACTORY, PARM, ETC.)		ZIKEEI	CITY OR TOWN	COL	INTY	STATE
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	EXAMINER: CERTIFICATI JUD BE FOR DIRECTOR: , WITH THE S WARYLAND,		220 I certify	that I took char	ge of the remains a	lescribed obove, h	eld on Auto	opsy . Inspection	on . Inquiry XX.	ond in my op	inion	
	MER PET		deoth resulted	from: Note	ral causes (X),	Accident	, Suicide	, Homicide .	Undetermined manner	<u>.</u>		
	AR MER		1 - 23	A /	-01	A (1	in	TITLE (SPECIFY)				
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	MEDICAL CUTE THE SE 4 SHO FUNERAL ER DEATH		EXAMINER'S NA	AME M	largarita	A. Korel	LL.M.D.	1000000	11 Penn Stree	+		
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALCONG WAS FOR FURENDEATH, WITH THE STATE DEFAULT. WITH THE STATE DEPART OF HEALTH AND MENTAL HYGIENE, D. BAJLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	22- 0	URIAL, CREMATIC					ABBRESS				
		(SPECIFY)	JIN, KEMOVAL				OR CREMATORY	23d. LOCATION CITY OR TOWN	COUN	aty s	STATE
	BP		urial		1/20/84	Arbu	tus Mem		Baltimor			
	DHMH - 17	24 F	UNERAL DIRECTO)R	ADDRE	55		250. DATE	REC'D. BY REGISTRAR 256	REGISTRAR'S S	IGNATURE	
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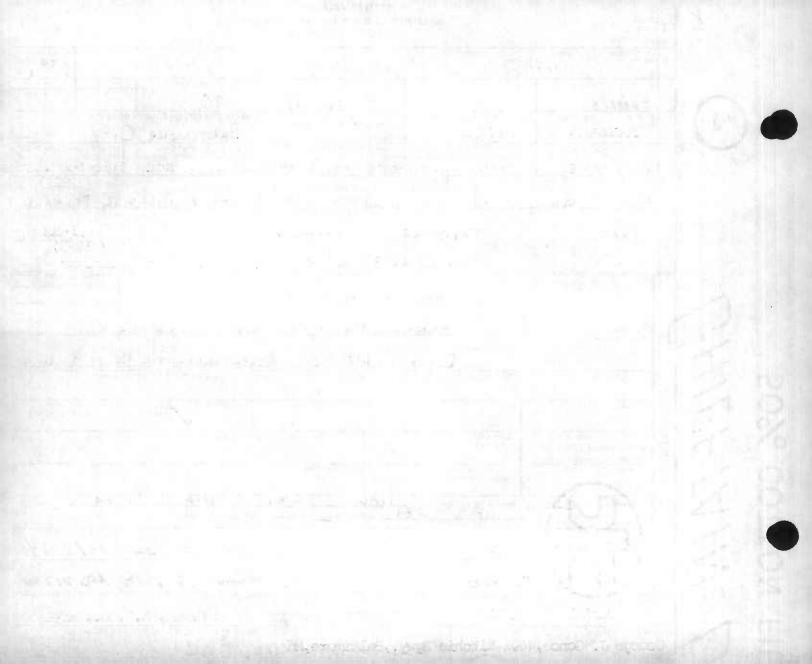


STATE OF MARYLAND

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STATE OF MARYLAND



harles S. Zeiler & Son Inc. 224 Eastern Ave

FOR - STATE

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

2b. HOUR

126 KIND OF BUSINESS OR

Malinowski

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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STATE

COUNTY

22c DATE SIGNED

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IF UNDER 24 HRS

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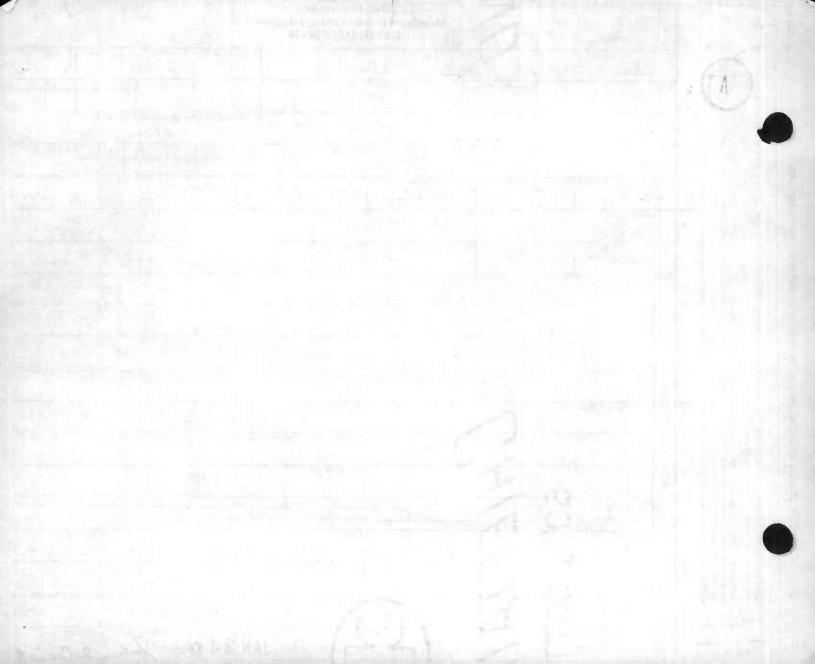
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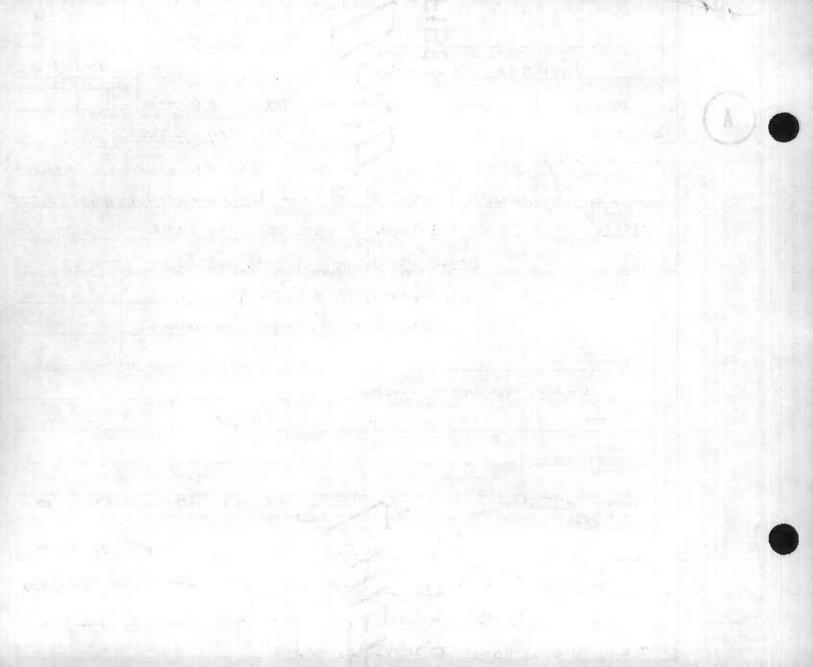
X	FOR STATE REGISTRAR	DEPA	DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 4 0 1 0 7 3 CERTIFICATE OF DEATH REG. NO.								
(n) b		FIRST MIDDLE	LAST		DAY YEAR 2b. HOUR						
2 12 7	(TYPE OR PRINT)	RANCES H.	HAYNES	1/21/84	5.45 MM						
	J. SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS						
1 00 1	Female	White	Nov. 25, 1897	86 yrs.	MONTHS DAYS HOURS MIN.						
8 42 EX	70. BIRTHPLACE (STATE OR FOI	REIGN 76. CITIZEN OF WHAT COUNT		9. BALTIMORE CITY OR COUNT	Y OF DEATH						
1 1 1	PA	USA	WIDOWED DIVORCED	· · · · · · · · · · · · · · · · · ·	ty MD						
144	Baltimore	(NE NOT IN SUCH FACILITY, GIVE ST		12e. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI Educator	126. KIND OF BUSINESS OR INDUSTRY Pvt. School						
1 1/2/		G HOME OR OTHER INSTITUTION GIVE RESIDENCE BE		13e STREET ADDRESS / ZIP COD	21210						
表情	MD	Balto		500 W. Unive							
1 1	14. FATHER'S NAME	MIDDIE LAST	15. MOTHER'S MAIDEN N		IAST						
2 18 300	John		shey ?		hnson						
1 2 2 2	160 WAS DECEASED EVER IN	U.S. ARMED FORCES? 166 SOCIALS	ECURITY NO. 17 INFORMANT	ADDRESS							
9 60 8	No	216 18	3 5180 Mrs. Patr	icia Feeley, Ba							
1 242 1	IL CAUSE OF DEATH	(Enter only one couse per line for (a), (b)	, ond (c).)		BETWEEN ONSET AND DEATH						
all de constant	PART I. DEATH WA		oxia		Inte						
the corbin call	1629	DUE TO, OR AS A CONSE	QUENCE OF								
den	Conditions, if ony,		onta		1 month						
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Spring Sp	PART 2 OTHER SIGNI	FICANT CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GI	VEN IN PART 11a						
1 11 17	90 DATE OF OPERATION	ON 196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED						
76 233	TIPE				FYING CAUSES OF DEATH?						
Z S S S S S	21a. ACCIDENT WAS UNDER		DAY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART (OR PART 2)						
ACIA Post	OR CONTRIBUTING CA	OSE OF DEATH	19								
September 1	214 INJURY OCCURRE		ZII LOCATION	EMORTAL STUBBONDAT.	COUNTY STATE						
Of Part of	WHITE NOT WHITE		10 10 11 11 11 11 11 11 11 11 11 11 11 1	PHOTOTAL MODELLAID							
4 4 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	220.1 certify that (I) (t	his hospital) attended the deceased fro	om	, to	1937 , that (1) (we) lost						
2 g d d d d d d d d d d d d d d d d d d	sow the deceased above, (1) (we) (dia	olive on 1 1 1	984 , and that in (my) (our) opinion	n death occurred on the date and ha	or and from the couses stated						
Man Share	22b. SIGNATURE		DEGREE		22c. DATE SIGNED						
14 日本日 日本日 日本日 日本日 日本日 日本日 日本日 日本日 日本日 日本	1 has	LADitionly mis	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1 21184						
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5 5 5 2 3 3 4	23m. BURIAL, CREMATION, RI	EMOVAL 236. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE						
BP	Cremation	1/23/84	Green Mount	Balto.,	MD						
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME LOOS YORK RO	Henry W. Jenkins Dad Balto., MD	% & Sons Co. 250 DA	N 2 3 1984 John							

24-2 EFJ 0 1 Female a White Nev. 33, 11 7 versions Place III and programmed and the formula and the second of the T T 1. 1. 7. John C. Hendrey II No ... I I ... E15 14 81 10 Nes. Particip Eastey, Esto., will - 1 4 4 CA Parameter and the second Chest aften 1 165 of Library Nount York For His.

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2	/	. DECEASED NAM	E FIRST	MIDDLE		LWOOD	2a	. DATE OF DEATH			26. HOUR 2.40A	
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MORE e exe	шедіка	WAS DECEASE	D EVER IN U.S. AI	IVE WAR OR DATES!	OCIAL SECURITY NO. 2-18-0175	Jennie	D. H	azelwood			North	Av
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ON OF VITA ITYSICIAN: TI ding physici sis certificate burial-transit Mental Hygi	Sea la su	OR CONTRIBUTE	T WAS UNDERLYING [TING] CAUSE OF DE DTIFY MEDICAL EXAMINE	EATH HOUR A.M. M	ONTH DAY YEAR		RY OCCURRED	(ENTER NATURE OF INJU	RY IN STEM 18 PART 1	OR PART 2)		
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RAL D	=	ka	AN'S NAME (TYPE	M. Mall	tru	ATTE	SICIAN D	MEDICAL STAI	IAN 🗌	1-2	2-84	
TO HOSPITAL retoined by t TO FUNERAL should be det with the Stote	W /	KR	ISHAH	M.WA		RAL	2600 TIM	ORE.	3/2/5	2 H Tr		=
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ON	Ki	FOR - STATE REGISTRAR		DEPAI	RTMENT OF H	EALTH AND MEI	NTAL HYGIE	REG. NO	0	10	15
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ctor, p	3. S	M ALE	4. RACE	CASIAN	5. DATE O	F BIRTH	YEAR 17	i, AGE (IN YEARS LAST BIRT	AN	FUNDER 1 YEAR	HOURS MIN.
oth. Pog erol dire 72 hour	7a.	BIRTHPLACE (STATE OR FORE) COUNTRY) MARYLAND		WHAT COUNTR	MARRIEI WIDOWE	NEVER MAR	RRIED -	BALTIMORE CITY O		OF DEATH	445
ofter de uithin d'aithin	1	CITY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NUR	SING HOME O	R OTHER INSTITU	JTION	120. USUAL OCCUPATION OF WORK FOR MOST O	F WORKING LIFE)	INDUSTRY	BUSINESS OR
be file		JAL RESIDENCE (IF NURSING		tospital a		note		SALESMA	N	I WHOI	LESALE
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sicio ppen rol.		18 CAUSE OF DEATH	nter only one cause po	er line for (a), (b),	and (c).)					APPROXIM BETWEEN OF	NATE INTERVAL
rific phyon po emor		PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSE (a)	Hypoxic	enceph	alopath	4			50	tay5
ending ending corbc n, or re		4100	DUE TO,	DRAS A CONSEC	QUENCE OF		4.			5	days
he der he ott emove motio		Conditions, if any, what gove rise to immedicate (a), stating	iate	OR AS A CONSE	4	al ma	ution				1-
that it d by it ease r ol, cre			ost. (c)_	Hyperte	usive l	theroscle	notic	Cardiovasce	ilan dis	, fase	1 - 60
equires n signe Then pl to buri njury, o	NO	PART 2 OTHER SIGNIFICAL DIABETER		ONTRIBUTING T	O DEATH BUT	NOT RELATED TO	THE TERMIN	AL DISEASE OR CON	DITION GIVE	N IN PART 110	
he low re on. hos been t permit. ene prior	CERTIFICATION	190. DATE OF OPERATION	1 0-1-1	DITION FOR WHI	CH OPERATIO	N WAS PERFORM	NED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING ING CAUSES C	GS USED OF DEATH?
SECIAN: Tog physici certificate certificate entol Hyg item 18 sh	/	710. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SEOF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJUR	RY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PAR	RT 1 OR PART 2)	
PHYSICIAI mending ph or this certifi the buriol-tr and Mental	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY TREET, FACTORY, OFFI		211 LOCATION STREET		CITY OR TO	wN	COUNTY	STATE
or o or o se os se os mort		220 I certify that (I) (thi	is hospital) attended t	the deceased from	m Jan 16		19_84	10 Jan 2	0 , 1	984 11	nat (1) (we) last
pirol Spirol CTOR for u of Ho		saw the deceased a abave, (I) (we) (did)	dive on Jan 20	y after death.	84 , on	d that in (my) (au	ır) apinion de	eath occurred on the do	ate and haur	and from the co	auses stated
he hos A borned to Ched		226 SIGNATURE	A A				ENDING _	MEDICAL STAF		22c. DATE S	IGNED -84
PITAL by a LERAL Stote Stote	#	22d. PHY IN NAME	(TYPE OR PRINT)			22e ADDRESS	SICIAN [DIRECTOR PHYSIC	IAN	11-20	7-0-
TO HOSPITA retained by TO FUNERA should be d with the Sto		MING	CHANG		800			nital of Be	iltimo	re	
BP	23a	BURIAL, CREMATION, REA (SPECIFY) BURIAL	JAN.2	2,1984	SHAARE		MATORY	ROSEDALE		BALTO.	MD
DHMH - 16 50M 4/B2 (VRA 15, 4)	24	FUNERAL DIRECTOR S NAME 6010 REISTER	OL LEVINSC STOWN RD.	N & BROS BALTO.,	5	21215	JAN	26 984	REGISTR	AR'S SIGNATU	A 47



	REGISTRAR			REG. NO	4.
	ECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH A	
24/	JAn	TES F.	HENRY		1. 9.84 9.49 A
3. S		4. RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTH	
NA .	m	R	JAH. 20,190	AR 78	MONTHS DATS HOURS M
70.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	- 9 BALTIMORE CITY OR	YRS COUNTY OF DEATH
1130	Mo.	U. S. A.	MARRIED MEVER MARRIE	ED I	A . /
2 7 // 10	CITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, N'	URSING HOME OR OTHER INSTITUTION		WORKING LIFE) INDUSTRY
1196	BALTIMORE	LUTHERAN	, ,	FARMER	EARHING LIFE) INDUSTRY
	JAL RESIDENCE (IF NURSING HO STATE 136.4	NE OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 13t. GITY OR	TOWN 13d. INSIDE CITY LIA	AITS? 13e STREET ADDRESS	20116
	ATHER'S NAME	1. CA. PITCH	IS MOTHER'S MAIL		HURCH RO.
d 2 2	FIRST	MIDDLE LAS	T FIRST	MIDDLE	LAST
du o	HENSON	HEN	- CO CARO	FTH	MARSHALL
po 6 ip /	WAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES!	SECURITY NO. 17 INFORMANT	ADDRES	is
o o	No	- 214-3	36-400TA MARCARE	T HENRY - SAM	6 45 #13 ABOVE
ding physic orban pape or removal.	PART I. DEATH WAS CA	5///2 C//OS2 / G/	pisation Pheun	nonia.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEA'
hen on, omo	Conditions, if any, which	DUE TO, OR AS A CONS	SEQUENCE OF		
tro tro	gave rise to immediat) (0)			
t cre t	cause (a), stating the underlying cause last	DOL TO, OR AS A COING	SEQUENCE OF		
or or o	DARKA CONTRACTOR	(c)			
Then to but injury.	Ren Ren	11	S TO DEATH BUT NOT RELATED TO TH	HE TERMINAL DISEASE OR COND	ITION GIVEN IN PART 1(a)
t permit lene prio	19a. DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ol-tronsit atol Hygunan 18 m 18 AL CER	210. ACCIDENT WAS UNDERLYING	110110 111 11011	DAY YEAR 21c. HOW INJURY C	OCCURRED (ENTER NATURE OF INJURY	IN ITEM TB PART I OR PART 2)
Hent Hent	(IF EITHER NOTIFY MEDICAL EXA		19		
s the burions and Menical Medical Medi	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (ATHOME STREET, FACTORY, O	FFICE, FARM. ETC.) 211. LOCATION STREET	CITY OR TOW	N COUNTY STATE
a e e e e e e e e e e e e e e e e e e e	22a.1 certify that (1) (this h	aspital) attended the_deceased f	rom 19	84 10 1 - 9	, 19_ 84 , that (I) (we) I
A H H	saw the deceased aliv	e an 1 - 9	10 84 and that in (my) (qur) o	apinion death accurred on the dat	te and haur and fram the causes stated
1,40 0 14	above (f) (we) (did) (d	d nat) view the hady after death			and the second stated

FOR

- STATE

226. SIGNATURE

TO FUNERAL DIRECT Should be detached for with the State Dept. etained by the har ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS Mathew 230. TURIAL CREMATION, REMOVAL 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN BP. MEH. HIGHLAND MEK 24 FUNERAL DIRECTOR (VRA 15, 4) 4925 BURROUGH AUE. NETAN . S WASHINGTON + SONS

DEGREE

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE (5

12h KIND OF BUSINESS OR

#13 ABOVE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

_, that (1) (we) last

22c. DATE SIGNED

IF UNDER 24 HRS HOURS

DHMH - 16 50M 1/81

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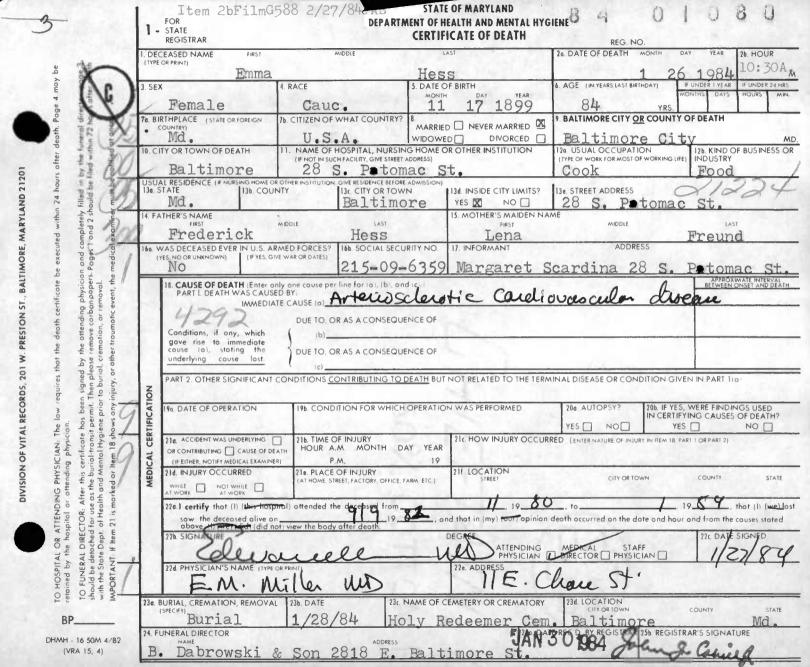
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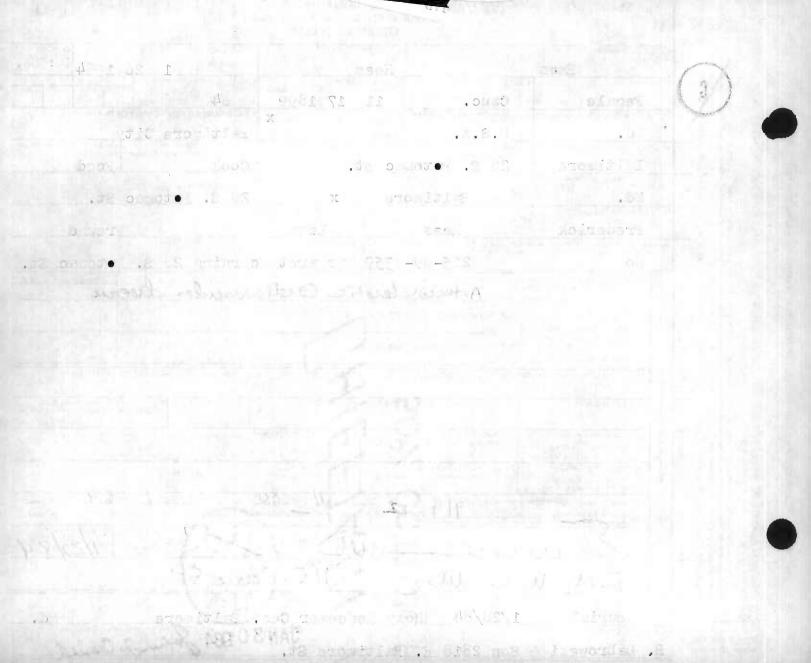


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'	STATE REGISTRAR		WEI	DICAL E	XAMIN	ER'S C	ERTIFICATE	OF DEA	TH RE	G. NO.		
	CEASED NAME	FIRST		MIDDLE		ALOUE	LAST	2	OF ESTI-	N X MONT	TH DAY YEAR	R 26 F
{ * * *	PE OK PRINT)	HOWAR	SD.			HES	SSIE		DEATH MATE	0 0 1	19 1984	1
3 SE	100		5. DATE OF BIRTH	YEAR	AGE (IN YE	ARS IF UN	DER 1 YR. IF UND		RONOUNCED	MONTH	H DAY YEA	AR 2d.
M	LE W	HITE	5 11	29	54 YI		DATS HOOKS		DEAD	1	19 19 8	
7a E	OREIGN COUNTRY)	OR .	76 CITIZEN OF WH	HAT COUNT	RY?	MARRI	ED NEVER MAI	RRIED [BALTIMOREC	ITY OR COU	NTY OF DEATH	
	aryland		USA			WIDOW			Baltimor	- 4		
10. (ITY OR TOWN OF)EATH	11. NAME OF HOS	PITAL, NURS	SING HOME REET ADDRESS)	OR OTH	ER INSTITUTION	FOR M	AL OCCUPATION	(1)	126. KIND OF OR INDU:	BUSINI STRY
100	Baltimore		Baltimo					Tru	ck Dri	ver	Pa.Tru	
USU Ma	ALRESIDENCE (IF IN STATE Tryland	NA C UNT	Υ	13c CITY (ON)	13d. INSIDE CITY LIMITS	13e STRE	25 Ros	edale	Ave.2	Lin 123
_	ATHER'S NAME						15 MOTHER'S MA		MIDDLE		LAST	
	Harry		L.	Hes	sie		Bess	ie	WIDDLE		Smith	
	WAS DECEASED EV		ED FORCES?	166. SOCI	AL SECURIT		17. INFORMANT		ADD	1925	Roseda	le
	ıknown	(IF YES, GIVE W	VAR OR DATES	218	-22-9	999	Gloria	A. H	essie	Balto	.,Md.2	123
			ane cause per line	far (a), (b),	and (c).)					7	APPROXIM BETWEEN ON	ATE INTE
	PARTIDEATH	WAS CAUSED	BY: CAUSE (a) Ar	terios	sclero	tic o	cardiovas	cular (disease			
	1429	2	DUE TO, OR	AS A CONS	SEQUENCE	OF						
-		if any, which to immediate	(b)								3 3 46	
		ting the under-	DUE TO, OR	AS A CONS	SEQUENCE	OF						
	lying coose it	131.	(c)									
Z	PART 2 OTHER SIGNIFI	CANT CONDITIONS CO	ONTRIBUTING TO OEATH	BUT NOT RELAT	EO TO THE TERM	IINAL OISEASI	OR CONDITION GIVEN IN	PART 1 (a).	12.14			16
ATIC	190 DATE OF OP	ERATION	196 CONDIT	TION FOR W	VHICH OPER	ATION W	AS PERFORMED?		-		20 AUTOPS	SY?
IFIC	1										YES X	N
MEDICAL CERTIFICATION	210 EXTERNAL C	AUSE WAS	216. TIME OF			21c Ho	W INJURY OCCUR	RED LENTER N.	ATURE OF INJURY IN IT	EM 18 PART 1 OR		
ALC	UNDERLYING CONTRIBUTING	OR CAUSE OF D			DAY YEAR	3						
DIG	214 INJURY OCC		21e PLACE C	OF INJURY	(AT HOME,		CATION					- 5
¥		OT WHILE	STREET, FACT	TORY, FARM, ETC	C.)	3	TREET		CITY OR TOWN	(COUNTY	
			-(4)		1.13	4	sy X Inspec			F		
			af the remains des			Autap		1	Inquiry [and in my	apinian	
	, death resulted f	am: Natura	al couses X.	Accident	L, Su	icide 🔲	, Hamicide L	J' Undete	rmined manner	L.,		
	ACTUAL	MA	100				D Assista	nt	C.1. BV.1	DAT	TE 1-19-	84
1	SIGNATURE	1111	VXVXI	W		M	D. TIDDIDCA	MEDIO	CALEXAMINER	SIGI	NED	0.1
	EXAMINER'S NAME (TYPE OR PRINT)	ME/ Ann	M. Dixon	. M.D			ADDRESS 111	Penn S	t., Balt	to., Mo	d. 2120	1
	BURIAL, CREMATIO		b. DATE	The State of the last			R CREMATORY	[23d. LO	CATION			
	(SPECIFY)		-23-84				Cemeter	CITY O	Ba	alto.	, Md.	STATE
	FUNERAL DIRECTO	?		7401	Bela		d 250 DA	E REC'D_BY	REGISTRA SA		SSIGNATURE	,
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MEDICAL

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130 STATE

REG. NO.

13e STREET ADDRESS / ZIP CODE

FOR STATE REGISTRAR		C	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA CERTIFICATE OF DEATH					
ECEASED NAME PE OR PRINT)	PIRST NAOMI	MIDDLE A.	HEW ITT	20.				
EX	4 RACE		5. DATE OF BIRTH	6. A				

13c CITY OR TOWN

DATE OF DEATH MONTH 26 HOUR 84 GE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF LINDER 24 HRS Female White 6 19 10 YRS BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED COUNTRY U.S.A. Baltimore City Maryland WIDOWEDX DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 126. KIND OF BUSINESS OR OT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Baltimore 2154 Whistler Avenue Medical Records Md. Gen. Hosp USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION

13d INSIDE CITY LIMITS?

Maryland Baltimore YES X NO 2154 Whistler Avenue 21230 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE William, M. Farrel1 Annie Porter 66. SOCIAL SECURITY NO. ADDRESS 60 WAS DECEASED EVER IN U.S. ARMED FORCES' 17. INFORMANT 21237 NO 217-10-6372 Philip A. Hewitt 7414 Brightside Ave APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate cause (b), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED

20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [

71a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIE EITHER NOTIFY MEDIC AL EXAMINER P.M. 19 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY I FACTORY OFFICE, FARM, ETC 1

HNUARY I certify that and that in (my) (aur) apinion death occurred on the date and hour and from the causes stated

776 BIGNATUR ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

22e ADDRESS

27d PHYSICIAN'S NAME (1995)

Burial

13b. COUNTY

St. Agnes Hosp. Oncology Dept.

Dr. Diana Griffiths 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION

1/6/84 Loudon Park Cemetery 24 FUNERAL DIRECTOR 21229 DHMH - 16 50M 4/B3

Baltimore Marvland 250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

CITY OR TOWN

STATE

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		AND ONLY STATE	Carlos and area	Manager Brandwall

(M)		1.	FOR STATE REGISTRAR	DEPARTMENT	STATE OF MARYLAND OF HEALTH AND MENTAL HYG RTIFICATE OF DEATH	IENE B 4	0 1	3 8 3
oy fr		(TYPE	CEASED NAME FIRST SUMM	An Hij	da		1-4-8	4 11.50A N
age 4 mi	2	3. SE	Female	Black	ATE OF BIRTH MONTH DAY YEAR 10 1905	6. AGE (IN YEARS LAST BIR	YRS.	DAYS HOURS MIN
death P	3	n	COUNTRY)	U15 WI	ARRIED NEVER MARRIED DOWED DIVORCED	Baltimore CITYO	MODE (city MD
by the f	46	1	altimore	11. NAME OF HOSPITAL, NURSING HOLLING THE STREET ADDRE	ss) Hospital	120. USUAL OCCUPATION OF OF WORK FOR MOST OF	ON 126. KI F WORKING LIFE) INDUS	IND OF BUSINESS OR
in 24 hav ly filled in should be	33	M	AL RESIDENCE (IF NURSING HOME OR ITATE 136. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMITTY TY TY TOWN TOWN	13d. INSIDE CITY LIMITS?	3 STREET ADDRESS	antley	Road
ompletel		1	George	MIDDLE HUSON	15 MOTHER'S MAIDEN NAM	WIDDLE	Wrig	Lite
be exected on and constructions. Pages	e medico	- (MED FORCES? (WAR OR DATES)	NO. 17 INFORMANT HEUS	en 222 1	1 1	one st
that the death certificat d by the attending physicese remove carbon papalol, cremotion, or remova	or other traumatic event, t			y one couse per line for (a), (b), and (c) BY. E CAUSE (a) CPS S DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	of	reuliters in	laer ·	PPROXIMATÉ INTERVAL WEEN ONSET AND DEATH
requires en signe Then pl	injury, o	LION	Kenal	onditions CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE OR CONI	DITION GIVEN IN PA	RT I(o)
The law re	Shows only	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPER		20a AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CAI YES	USES OF DEATH?
HYSKIAN: Tinding physicinhis certificate	or Hem 18	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED	P.M. 21e PLACE OF INJURY	21f LOCATION	ED (ENTER NATURE OF INJUR		
DING P or after After to se as the	morked	2	WHILE AT WORK NOT WHILE 220.1 certify that (1) (this haspite	(AT HOME STREET, FACTORY, OFFICE, FARM E	-6 - 19 8 3	10 1-4-	10 67	
OR ATTEN he hospital DIRECTOR ached for us Dept. of He	Hem 21 is		sow the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE	1-4- 1086	, and that in (my) (our) opinion d			
by the Ib ERAL DIR	400		matten		ATTENDING PHYSICIAN	MEDICAL STAF	F	DATE SIGNED
TO HOSPITAL etoined by the TO FUNERAL should be detributed by the state.	IMPORTANT		A markew		Lutheren Holy	nital. Ath	buter pr	et.
BP		(URIAL, CREMATION, REMOVAL SPECIFY) BULL	1-9-84 PMT	OF CEMETERY OR CREMATORY CBURNCE	154-010		MO
DHMH - 16 50M 1/ (VRA 15, 4)	/81	13.	NERAL DIRECTOR	Em F. H. ADDRESS 19	3 WI STI JAN	REC'D. BY REGISTRAR	PSB BEGISTRAR'S SIG	CALLE

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWN A WONTH (TYPE OR PRINT) ESTI-IS NECESSARY, PLEASE E FUNERAL DIRECTOR. E 5 FOR YOUR FILES. ED, WITHIN 72 HOURS I W, PRESTON STREET, DEATH MATED 1-19-84 ANGELA 4. RACE AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS 2d. HOUR S. DATE OF BIRTH DATE LAST BIRTHDAY PRONOUNCED :55P Female Black DEAD 11 1959 Ta BIRTHPLACE (STATE OR Th. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED Y NEVER MARRIED Baltimore. S. DIVORCED Baltimore City WIDOWED Md. ID CITY OR TOWN OF DEATH 126 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS University Hospital STU Housewife Home Ral timore 13e STREET ADDRESS 2456 W. Coldspring La. 130 STATE 113b. COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMITS? Baltimore, Maryland Baltimore 21215 Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIGDLE LAST Garland Shirley F. Bevans Savage ADDRESS 2456 W. Coldsprin 7. INFORMANT 166 SOCIAL SECURITY NO Garland S. Bevans Sr. Lane Balto. Md. 2125 215-78-3540 No. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gunshot wound of head DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION E 3 SHOULD BE USED A E DEPARTMENT OF HE TO PRIOR TO BURIAL, (3) 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES XX NO 1 21g EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH UNDERLYING X OR subject shot CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21e PLACE OF INJURY 21d INJURY OCCURRED 2456 W. Coldspring tame Baltimore. Md. STREET, FACTORY, FARM, ETC.) WHILE AT WORK AT WORK X PAGE 4 SHOUID BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTIMORE, MARYLAND, 21201 Autopsy X 27a I certify that I took charge of the remains described above, held an Inspection and in my apinian Hamicide XX Undetermined manner TITLE (SPECIFY) 1 - 20 - 84Assistant MEDICAL EXAMINER 111 Penn Street EXAMINER'S NAME Margarita A. Korell, M.D. 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE COUNTY STATE Arbutus Memorial Park 1/25/1984 Burial Baltimore. Md. 24 FUNERAL DIRECTO Nutter & Sons 2501 Gwynns Falls Physophate Rec'd. By REGISTRAR'S SIGNATURE Funeral Home Inc.

Balto. Md. 21216 **DHMH - 17** Funeral Home Inc. (VR A15 ME (5)) 20M 4/82

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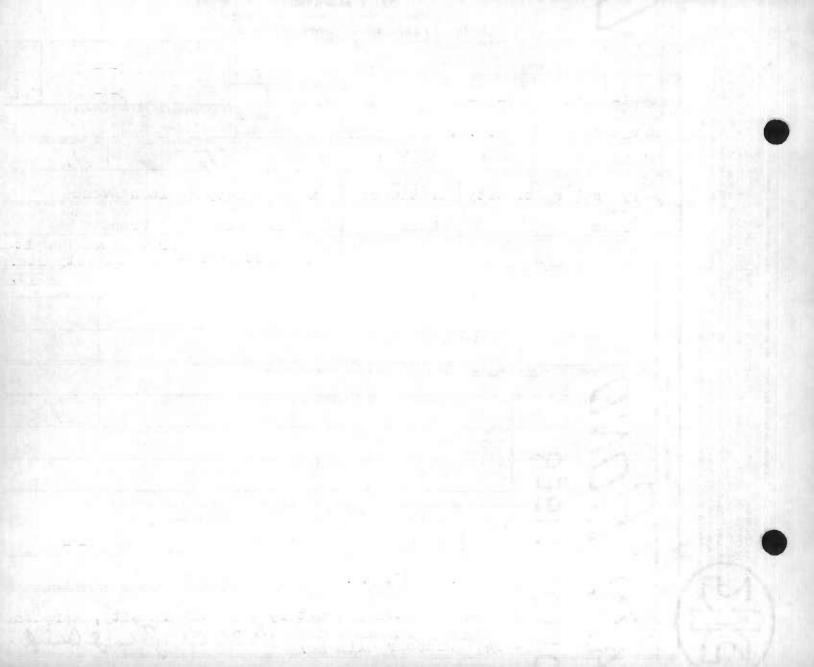
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TO MEDICAL EXAMIN PAGE 4 SHOULD BE TO FUNERAL DIRECTO AFTER DEATH, WITH IT BATTIMORE, MARYIA	73n B	(TYPE OR PRINT)	REMOVAL 123h	DATE	23, NAME	OF CEMETERY C	ADDRESS	23d. LOCATIO	DN .			
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3. S		S. DATE OF BIRTH	6. AGE (IN YEAR LAST BIRTHDA		DAYS HOURS	ER 24 HRS. 2c. DATE PRONOUNCED	MONTH DAY YEAR	10:2
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	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WH		8. MARRIED	NEVER MAR	PRIED IXI 9. BALTIMORE CIT	Y OR COUNTY OF DEATH	
	Maryland	U.S.A	A	WIDOWED	_	E D 114	re City	MD.
	CITY OR TOWN OF DEATH	11. NAME OF HOSE	ITAL, NURSING HOME	OR OTHER	INSTITUTION	120 USUAL OCCUPATION FOR MOST OF WORKING LIFE)		USINESS
1	Baltimore	Provide	nt Hospital			N/A	N/A	I N
	UAL RESIDENCE (IF IN NURSING NON		13c. CITY OR TOWN		d. INSIDE CITY LIMITS?		21211	1
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14	FATHER'S NAME	MIDDLE	LACY		S. MOTHER'S MAIL		LAST	
	Frank	MIDULE	Hill	06.0	Willi	Le Ann	Frances	
	. WAS DECEASED EVER IN U.S. A	ARMED FORCES?	166. SOCIAL SECURITY	'NO. 17	. INFORMANT	ASPR!	Svidence Ho	spita
		A	None	- 30	Bernade	ette Mark- 26	00 Liberty	Hts.
-	18 CAUSE OF DEATH (Enter	only one cause per line	far (a), (b), ond (c).)				APPROXIMA BETWEEN ONS	
	PART I DEATH WAS CAUS	SED BY: IATE CAUSE (a) Suc	ddon infant	donth	h oundro		BELWEEN ONS	t to a very
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	PART 2 OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TERMI	NAL OISEASE OI	R CONDITION GIVEN IN	PART 1 (a)		
O	100							
CERTIFICATION	19a. DATE OF OPERATION	196 CONDITI	ON FOR WHICH OPER	ATION WAS	PERFORMED?		20 AUTOPSY	1?
TIFE							YESX 🔯	NO 🗌
		21b. TIME OF HOUR A.M.	MONTH DAY YEAR	21c. HOW	V INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART 1 OR PART 2)	
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MEDICAL	214 INJURY OCCURRED	STREET FACTO	FINJURY (AT HOME, DRY, FARM, ETC.)	21f LOCA		CITY OR TOWN	COUNTY	STATE
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	22a. I certify that I took cha	arge of the remains desc	ribed above, held on	Autopsy	XX Inspect	ian . Inquiry .	and in my opinion	
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1	ACTUAL SIGNATURE	to the	mell	M.D.	ASSIST	ant MEDICAL EXAMINER	DATE 1-6-84	
1							3101410	1.15
	EXAMINER'S NAME (TYPE OR PRINT)	Margarita /	A. Korell,	M.D. AD	DDRESS11	11 Penn Street		
230.	BURIAL, CREMATION, REMOVAL	236. DATE	23c. NAME OF CEM	LETERY OR C	CREMATORY	23d LOCATION	COUNTY	STATE
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24	FUNERAL DIRECTOR	T - MOODI	AWN MEMO	RIAL	FH 250. DATE	AN 2 0 1984	STRAR'S SIGNATURE	.1
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-10	FOR STATE REGISTRAR	DEPARTA	NENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	REG. NO	
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	3. SEX MALE	1. RACE BLACK	5. DATE OF BIRTH MONTH 10 10 10 10 10 10 10 10 10 1	6 AGE (IN YEARS LAST BIRT	HOAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN. YRS.
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21 is mo	sow the deceased alive	spital) attended the deceased from	By, and that in (a) (our) opinion	, to	ote and hour and from the causes stated
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with the State	David D	Collins M	D 120 ADDRESS 500 W, UH	iversity P)	Kuy, BALTO, Md.
3 ځ	230 BURIAL, CREMATION, REMOVISPECIFY) Burial	AL 236. DATE 14-84 A	NAME OF CEMETERY OF CREMATORY	23d LOCATION BITY OR TOWN	mon ma
)M 4/82	24 FUNERAL DIRECTOR NAME NAME	mp son Fitte	1913 W. ST. JAN	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGNATURE

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n. n.	띮						YES TO NOT	CERTIFYING YES	CAUSES C	OF DEATH?
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ding ding	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION	CITY OR TOWN		OUNTY	STATE
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TTEN pitoli TTOR for u	43	sow the deceased alive a abave, (1) (we) (did) (did)	not view the bod	v olter death.	840	nd that in (my) (aur) apinio	on death occurred on the date o	and hour and	fram the ca	uses stated
OR ATTEN re hospitol DIRECTOR Dept. of He Tem 21 is	16	226. SIGNATURE	, ,	, , , , , , , , , , , , , , , , , , , ,		DEGREE			22c. DATE SI	IGNED
At O the O Al D Al		G. Kau	lowery		MI	> ATTENDING PHYSICIAN	MEDICAL STAFF		1/15	184
O HOSPITAL	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT			22e ADDRESS				TO LETTE
O HOSPITAL CO HOSPITAL TO FUNERAL		G. KAK	DWIC					SPIT4	_	
De Fars	23a.	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATOR	23d. LOCATION	Ma-son	NIL -	Monsialen
BP		(SPEBÜRIAL	1/20			en Cemetery	Berlin			Maryland
DHMH - 16 50M 4/82		UNERAL DIRECTOR		Rt #	2, Je	rsey Koad 250 D	ATE REC'D. BY REGISTRAR 25b.	REGISTRAR'S	SIGNATUR	RE
(VRA 15, 4)		OLLEY MEMORIAL	CHAPEL	SALIS	BURY,	MD. 21801	AN 2 7 1021	10	20	1.16

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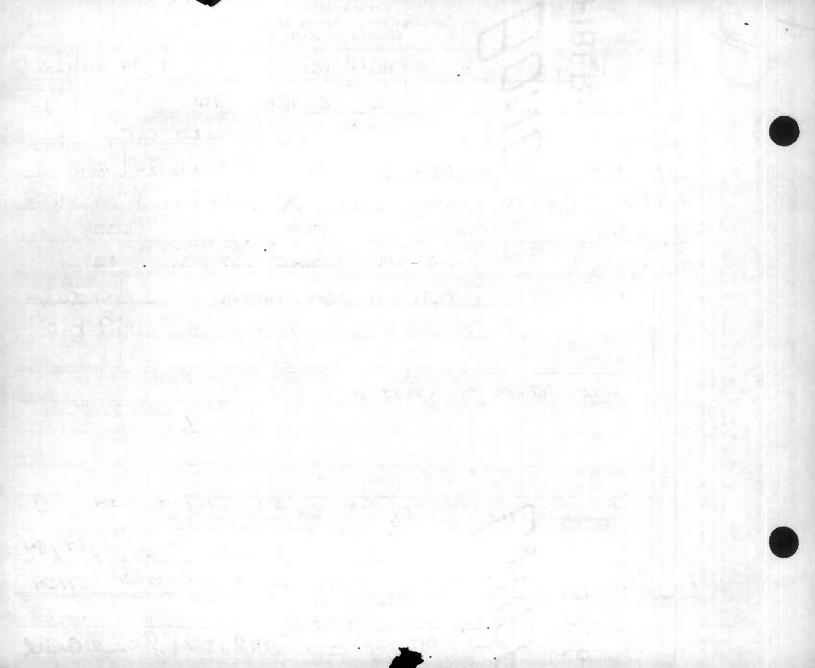
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AND 212	filled in hould be	130. 5	1D	L COUNTY	R INSTITUTION,	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN BOUT	V .	134. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS / ZIP C		Rd = 2	21208
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	physicia physicia physicia emoval.		18 CAUSE OF DEATH PART I. DEATH WA	(Enter only or S CAUSED BY MMEDIATE CA	ne cause per (: AUSE (a)	nTestu	nal	obstruc	tim		APPROXIMA BETWEEN ON	ATE INTERVAL SET AND DEATH
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AL RECO	on. has bee t permit. ene prio	CERTIFICATION	190 DATE OF OPERATION	ON	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED			RE FINDING CAUSES O	
DIVISION OF VITAL RECORDS,	YSICIAN: T fing physici s certificate burial-transi Mental Hyg		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER, NOTIFY MEDICA	USE OF DEATH	216. TIME O HOUR A.	M. MONTH DA	Y YEAR		RED (ENTER NATURE OF INJURY IN HE.	4 18 PART I	OR PART 2)	
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	CTOR: for us of He		220 I certify that (I) (saw the deceased above, (I) (we) (di					0	death accurred on the date and	-	fram the ca	
	TAL OR A y the hay the hay the hay the detached detached late Dept.		27b. SIGNATURE	Youe	N			DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	- 0	/ / / 7	Z /84.
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	BP		BURIAL, CREMATION, R (SPECHY) BURIAL	EMOVAL 2	JAN 1	8,1984	SHAA	EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN BALT TMOR	E	-	Y LAND
DI	HMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR NAME 6010 REISTE	SOL LI	EVINSO	N & BROS.	INC	175n DAT	e rec'd. By registrar 256. Re N 2 3 1984	PISTRAR'S	S SIGNATUR	inies



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o th		ECEASED NAME PE OR PRINT)	FIRST ENRY		B		IOKE		20. DATE OF DEATH	ry 25,	1984	26 HOUR 8:40a M
4 moy or. pog	3. 5			RACE	D	S. DATE (OF BIRTH	1894	6. AGE (IN YEARS LAST E		IF UNDER TYEAR	
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be execu	2 160	WAS DECEASED EVER	U.S. ARM	ED FORCES? WAR OR DATES)		SECURITY NO.	17. INFORM	RGARET		RESS	21157	KIMATÉ INTERVAL ONSET AND DEATH
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he hospital DIRECTOR: Coched for us Dept of He H them 21 is		22a. I certify the (1) sow the deceose obove, (1) we) (c 22b. SIGNATURE				12.77	nd that in (m)	ATTENDING _	death occurred on the	dote and ha		
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BP	230	BURIAL, CREMATION, (SPECIFY) RITOTA 7	REMOVAL	236. DATE	8-84	23c NAME OF C		R CREMATORY	23d LOCATION CITY OF TOWN WESTMI	NSTER	CARROL	L MD

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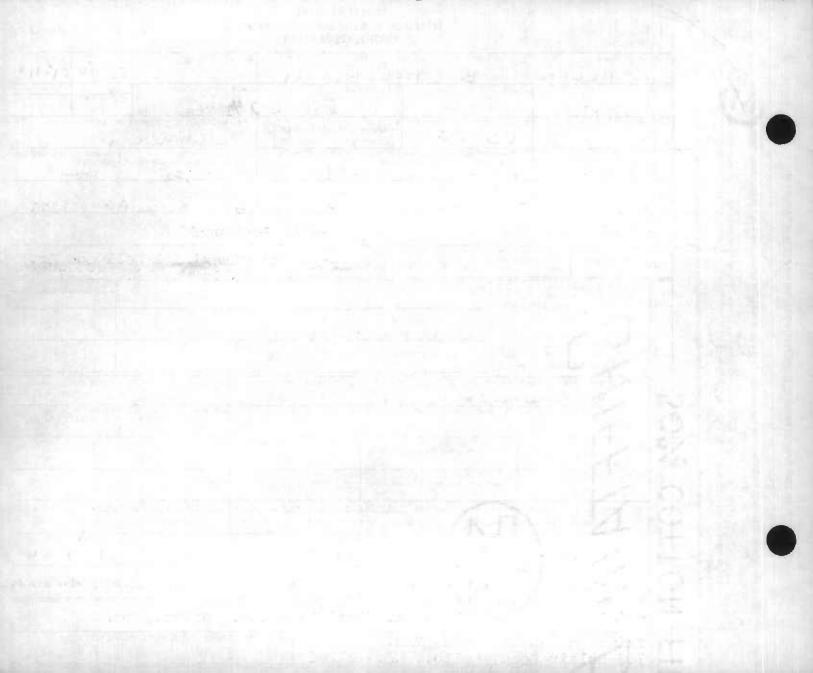
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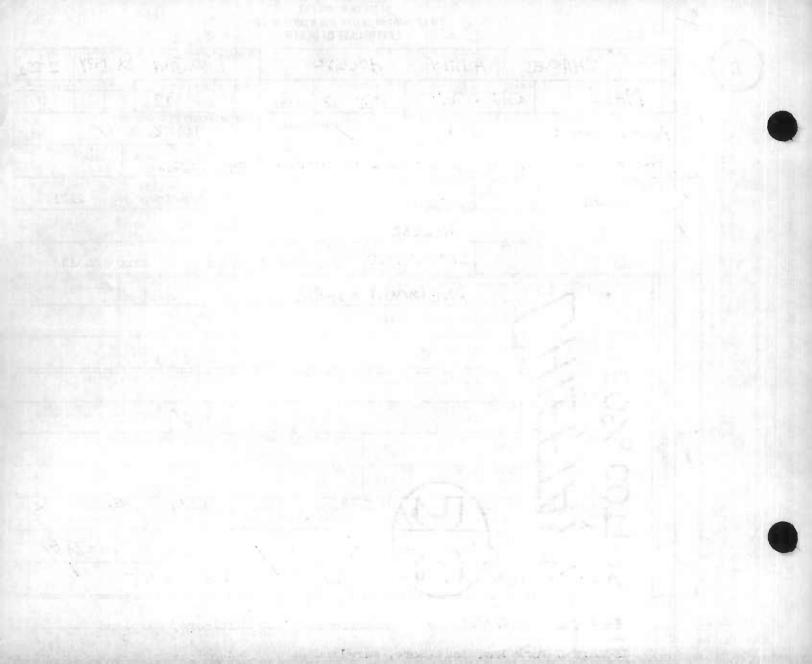
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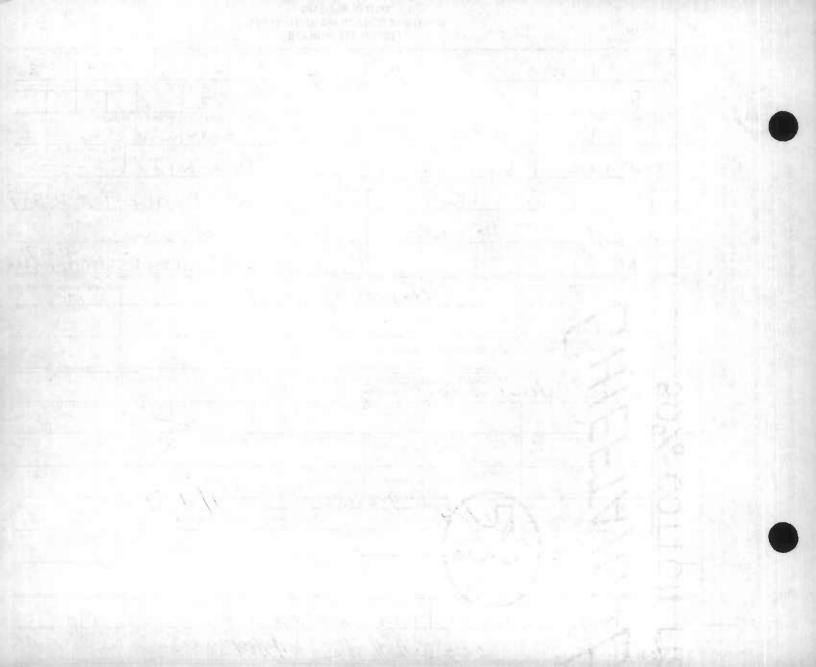
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5	21	STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	4
(a / (a)		PEORPRINT) CHARLES AUSTIN HOLLOR JAN 28 1984	2:55gm
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onc onc		BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED WIDOWED DIVORCED TATO CITY OF COUNTY OF DEATH WIDOWED DIVORCED DIVORCED	MD.
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alTIMORE, te be execut cion and ca ers. Pages 1 I. the medica	1 160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (YES, NO OR UNKNOWN) IF YES, GIVE WAR OR DATES) 213 07 5300 Mr. Joseph E Hollar Same As 13	3e
(DS, 201 W. PRESTON ST., rquires that the death certific signed by the attending phy Then places remove corbang to buriol, cremation, or remainty, or other traumatic ever	3	PART I. DEATH WAS CAUSED BY: WHITE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF LC PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110.	
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OR he be		DEGREE ATTENDING MEDICAL STAFF 1-28- DIRECTOR PHYSICIAN DIRECTOR PH	0
TO HOSPITAL TO FUNERAL should be deto with the Store		22d. PHYSICIAN'S NAME (TYPE OR PRINT) ATTHER TO THE ZILLS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) ADDRESS 3640 FOLOS UNE ZILLS	
BP		BURIAL CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY Burial 2/2/84 Meadowridge Baltimore, Maryland	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)		FUNERAL DIRECTOR NAME Leonard J Ruck Inc. Baltimore, Maryland 250 DATE REC'D. BY REGISTRAR 251 RE	ich



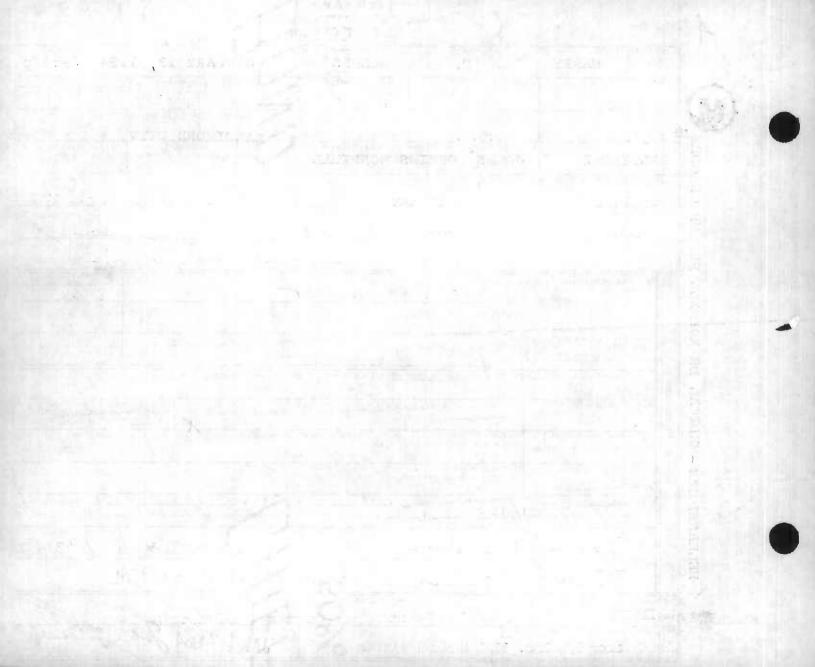
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n 72 hou		RTHPLACE (STATE OR FOREIGN VA	76. CITIZEN OF WHAT COUN	MARRIED WIDOWED	☐ NEVER MARRIED ☑	Baltimore city of	R COUNTY OF DEATH	
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MORE, In ond co	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	L SECURITY NO.	MV. John (Earl Stok	es 133N	1217/1 Madson HV
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours of cartending physician. The this certificate has been signed by the attending physician and completely filled in by as the burital transit person of the proof of the pr		PART I. DEATH WAS CAUSE	oly one cause per line for (o), (i) DBY: TE CAUSE (o), DUE TO, OR AS A CON: (b) DUE TO, OR AS A CON:	Cance SEQUENCE OF	e of Brea	et.	APP BETW	PROXIMATE INTERVAL KEEN ONSET AND DEATH MO'S.
been signed bring. Then plean prior to burial, any injury, or o	CERTIFICATION	PART 2. OTHER SIGNIFICANT SIVIL ON 190 DATE OF OPERATION	CONDITIONS CONTRIBUTION 196 CONDITION FOR	feccercy		AINAL DISEASE OR CONE	20b. IF YES, WERE FIN	NDINGS USED
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TTEN Pritol TOR: for us of He		27a 1 certify that (I) (this hosp saw the deceased alive ar above, (I) (ve) (did) did no 27b SIGNATORE	ital attended the deceased-	. onc	that in (my) (our) apinion	death occurred on the do		
ITAL OR AT by the hosp RAL DIREC e detoched for State Dept. or		THE PHYSICIAN'S NAME TO THE	Jahan	0	ATTENDING PHYSICIAN	MEDICAL STAF	F _	ATE SIGNED
TO HOSPITAL of retained by the TO FUNERAL IS should be deto with the State IMAPORTANT: If					22+ ADDRESS			
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"		REGISTRAR			CERTIFICATE OF DE		REG. NO.	ONTH DAT IS	a Incorporation
. B.		EASED NAME FIRST		DOLE .	TARE		DATE OF DEATH M		TE
1	1.5EX	WILL	TARD C). HO	LLOWAY Is date of Birth		January 30		TEAR FONDERZA
de. ahe	1	Male	White	9	Dec. 10, 1	909	74	MENTHS I	HOURS !
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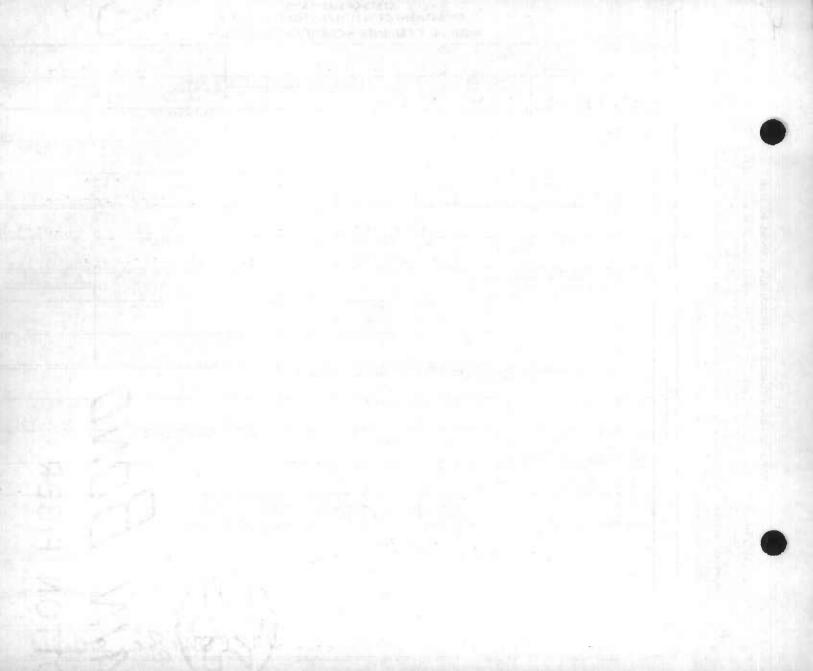
STATE OF MARYLAND



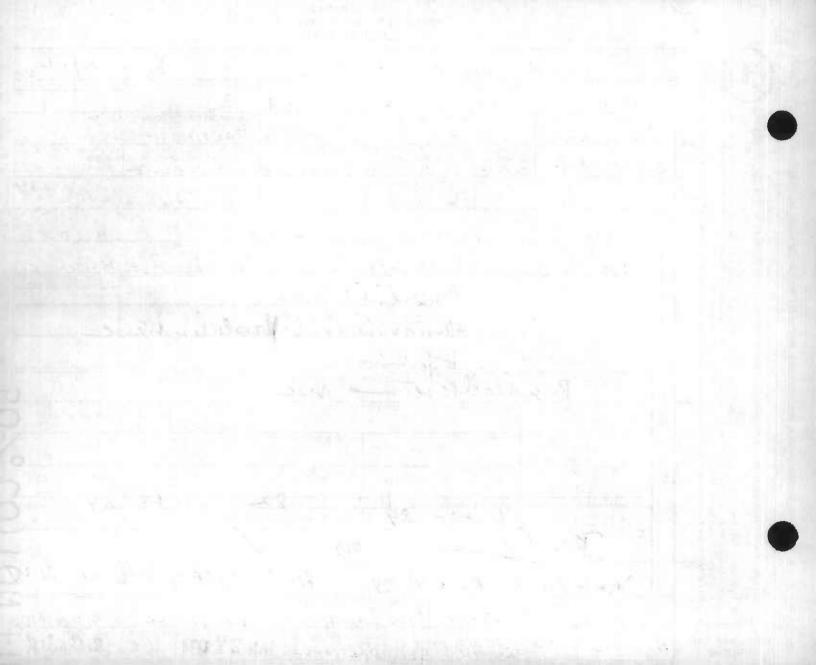
STATE OF MARYLAND

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	- STATE REGISTRAR					'S CERTIFIC			REG. NO.			
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3. 5	FY	(Rosa	DATE OF BIRTH	В.	ACE IIN YEARS	Holme	S IF UNDER 24 H	DEATH	MATED [1	24 198	4 M
	emale	Black	4 26	YEAR 81	1 0 2 YRS.	MONTHS DAYS	HOURS MIN		NCED		24 198	8 - 20D
	BIRTHPLACE (S		76. CITIZEN OF WH		DV2 Is	AARRIED NE	VER MARRIED	9 BALTIM	ORE CITY OR			
5	Virgin	ia	U.S.A		W	DOWED X	DIVORCED	□ B	altimor		ty	MD.
10.	CITY OR TOWN Baltim		11. NAME OF HOSI (IF NOT IN SUCH FACE 520	PITAL, NURS	SING HOME, O EET ADDRESS) TOO! 1 to	n Street	ITION 120.	. USUAL OCCU FOR MOST OF WOR	PATION (TYPE OF	F WORK 12	OR IND	F BUSINESS USTRY
	UAL RESIDENCE STATE	(IF IN NURSING HOME O	PR OTHER INSTITUTION, GIV	13c. CITY C		134 INSIDE C	ITY LIMITS? 13e.	STREET ADDRE	SS	212	223	
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14	FATHER'S NAME		MIDDLE	i.e			ER'S MAIDEN N	AME	IDOLE		LAST	
160	Billy WAS DECEASE	D EVER IN U.S. ARA	AED FORCES?		skervi AL SECURITY N		MANT		ADDRESS	Ва	sker	rville_
	YES, NO, OR UNKNO	(IF YES, GIVE	WAR OR DATES)			29 Mary		106		Mag		Desires
-		F DEATH (Enter onl	y ane cause per line			29 [Mal)	/ FILLS	100	Still	меа	APPROX	MATE INTERVAL
	PARTIDE		BY: Art			cardio	vascula	r disea	se		BETWEEN	ONSET AND DEATH
	142	92			EOUENCE OF							
		ns, if any, which se to immediate	(b)									
Г	cause (a lying cau	stating the under-	DUE TO, OR	AS A CONS	EOUENCE OF							
			(c)									1100
Z		GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	OUT NOT RELATE	O TO THE TERMINAL	DISEASE OR CONDITIO	N GIVEN IN PART 1 to	0				
ATIC	190 DATE OF	OPERATION	19b CONDIT	ION FOR W	HICH OPERATI	ON WAS PERFOR	MED?				20. AUTO	PSY?
TIEN			4								YES [□ NO [X]
MEDICAL CERTIFICATION	210. EXTERNA	CAUSE WAS OR NG CAUSE OF D	21b. TIME OF HOUR A.M.		DAY YEAR	11c HOW INJURY	OCCURRED (E	NTER NATURE OF IN.	URY IN ITEM 18 PAR	T 1 OR PART	2)	
DIC	21d INJURY		P.M.	F INJURY	19 (AT HOME. 2	If LOCATION				-		
7	WHILE AT WORK	NOT WHILE	STREET, FACTO	ORY, FARM, ETC	.)	STREET		CITY OR TO	WN	COUN	TY	STATE
	27s Leerti	ly that I top charge	e at the remains desc	hibed above	t held an	utapsy .	Inspection	_ lnowry	X and it	n my opin	ion	
	death result	ed troy	ol couses [X]	Acidmy [- fuck	Hamie		ndetermined mo		· · · · · / · · · · · · · · · · · · · ·		
	ACTUAL	100	_ ()	118	1/4		PECIFY)				1 13	
4	SIGNATURE	M	Jusy	1/10	De la	Depu	ty Chief	MEDICAL EXAM	LINER	DATE SIGNED.	1/2	5/84
	EXAMINER'S (TYPE OR PRI	NAME Th	omas D. Si	mith,	M.D.	ADDRESS	lll Per	nn St.		Ba]	lto, I	Md.
230	BURIAL, CREMA	TION, REMOVAL 2				RY OR CREMATO	ORY 23	d. LOCATION				
	BURIA		1/30/84	Ce	edar H	ill Cem		Anne A	Arunde			Md.
	FUNERAL DIRECT		ADDRESS				JAN	BY REGISTRA	R 256 REGISTI	RAR'S SIG	NATURE	• 4
W	m C Ma	rch F/H	Inc. 11	01 E	North	Avenue	,UMIN 4	4 6 1984	John	wy.	· Lake	elk



7	1 -	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AF		IENE 8 4	o.	1 1	, 0
(B)	TYPE	EASED NAME FIRST EDITE	+ IRENE	HOLTI	1 AUS	2a. DATE OF DEATH	JAIN	6 84	6 PM
The state of	3. SE)	EMALE	4. RACE CAU.	5. DATE OF BIRTH	1891	6. AGE (IN YEARS LAST BIR	YRS.	NIHS DAYS H	FUNDER 24 ARS
death. P.		OUNTRY) ARYLAND YOR TOWN OF DEATH	76. CITIZEN OF WHAT COUNTRY? U. S. A. 11. NAME OF HOSPITAL, NURSI	WIDOWED W	DIVORCED	BALTIMORE CITY OF	RE C	TY 126. KIND OF E	MD.
ours after d in by the fur e filed within	B	alto. City	(IF NOT IN SUCH FACILITY, GIVE STREET GREATER PA. A OTHER INSTITUTION GIVE RESIDENCE BEFOR	E. NURSI	NG CENTE	(TYPE OF WORK FOR MOST C		INDUSTRY	
'LAND 212 hin 24 hour should be in should be e	13a. S	THER'S NAME	NTY 13 CITY OR TOW	IN 13d. INSIG	NO HER'S MAIDEN NA	130 STREET ADDRESS	IGH LA	VD AL	E
completel	9		MED FORCES? 1168. SOCIAL SECU	5 1	MARTH	MIDDLE	FSS	CHIL	05
be execution and control from the medical		ES, NO OR UNKNOWN) [IF YES, GIV	WAR OR DATES) 213-34-	0299 MR		J. HOLT	HAUS AVE.	BALTI	MCRE TE INTERVAL SET AND DEATH
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours is aftending physician. When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled than and Mental Hygiene prior to burial, cremation, or removal. On the death of the property of the property of the medical examines must be an arrest of the property or after troumatic event, the medical examines must be an arrest of the property of the property or after troumatic event, the medical examines must be an arrest or the property of the property		Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE (b) A CONSEQUE DUE TO, OR AS A CONSEQUE (c) A CONSEQUE (c)	ENCE OF	· ·	aslular		2	ST AND VERIO
been signe rmit. Then p prior to bury, any injury.	ATION	PART 2. OTHER SIGNIFICANT OF LAND OF L	CONDITIONS CONTRIBUTING TO A 198 CONDITION FOR WHICH	inna	Nose'	100 AUTOPSY?	20b. IF YES, V	VERE FINDING	
NN: The lo hysician. icate has reasily periods 18 shows	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING		21c. HOV	W INJURY OCCUR	YES NO	YES		NO [
DING PHYSICIAN: T or otherding physicial After this certificate to as the burial-transi oith and Mental Hygi marked or from 18 sh	MEDICAL	OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	AIN	AY YEAR 19 211 LOC		CITY OR TO		COUNTY	STATE
OR ATTENDIA hospital or DIRECTOR: A cached for use Dept. of Heal if them 21 is may		saw the deceased alive an abave, (I) (we) (did) (did no	ital) attended the deceosed from		(my) (aur) apinian	death accurred an the d	ate and haur o	nd from the co	
TAL OR / y the ho RAL DIRE detached note Dept		226. SIGNATURE DELLE	50	DEGREE	ATTENDING PHYSICIAN	MEDICAL STA	CIAN	22c. DATE SIG	
TO HOSPITAL Cretoined by the TO FUNERAL I should be detoined in with the Store E IMPORTANT: #		DARSHAN	· 5. SA L WJA		1600M	1 Poyal Aus	, Ball	inne	MOZIZI
BP		URIAL, CREMATION, REMOVAL BURIAL INERAL DIRECTOR	1-28-84 0	NAME OF CEMETERY AK LAWN	CEM.	BALTIM TE REC'D. BY REGISTRAR	W 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ALTIMO	
DHMH - 16 50M 4/82 (VRA 15, 4)	N	CHOLAS JOZI	FASTERN AL	E. BALTI	1.6	AN 27 1984	John	26	welf



	FOR FOR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE 8	0 1 1 0 1
	REGISTRAR DÉCEASED NAME FIRST (TYPE OR PRINT)	MIDDLE	LAST	REG. NO	MONTH DAY YEAR 26. HOUR
	Doroth		Holthause		1-14-84 1030px
A) 3	. SEX Female	1. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 10 - 12 - 12	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
	BIRTHPLACE (STATE OR FOREIGN Maryland	76. CITIZEN OF WHAT COUN	TRY? 8. MARRIED MEVER MARRIED	9. BALTIMORE CITY OF	R COUNTY OF DEATH
	CITY OR TOWN OF DEATH		WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	12a. USUAL OCCUPATIO	ON 126. KIND OF BUSINESS OR
Po To	Baltimore		ospital	clerk	retail
원 · 출기시 13	JOUAL RESIDENCE (IF NURSING HOME) 30. STATE Maryland Bay	UNTY 13c, CITY OR	TOWN 136. INSIDE CITY LIMITS?		ton Rd. 21227
Somina 2 st	Larence 0.	Meuers LAS	15. MOTHER'S MAIDEN N		LAST
2 ledicol	(YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? 166. SOCIAL	SECURITY NO. 17. INFORMANT	ADDRE	21221
of.	18 CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b)		J. Holthause	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
remov		SED BY: ATE CAUSE (0)	Sdio Srapiontosy	assi	st
ve corl ion, or iumohi	Canditians, if any, which	DUE TO, OR AS A CONS	EOUENCE OF HEAST	Carluse	
cremation of the tra	gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONS	EQUENCE OF PADD		
hen plea to burial, ijury, ar a		(IC) TONDITIONS CONTRIBUTING		RMINAL DISEASE OR COND	
e prior	19a, DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
raol-transit p ental Hygien Item 18 sho	21g. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCC	JRRED (ENTER NATURE OF INJUR	YES NO 1
kentol Hygikem 18 sh	OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN 216, INJURY OCCURRED	JER) P.M.	19		
s the bu	21d, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PŁACE OF INJURY (AT HOME, STREET, FACTORY, OI	FICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOW	VN COUNTY STATE
Health I is more		gital) attended the deceased for		0 10 1/1	te and haur and fram the causes stated
thed for them 2	obave, (I) (we) (did) (did ??b. SIGNATURE	nat) view the bady after death.	DEGREE	a people decorred on the da	22c. DATE SIGNED
Store D	224 PHYSICIAN'S NAME LTYPE	usinga	ATTENDING PHYSICIAN	MEDICAL STAF	IAND 1/14/89
	TALL FILL SICIAL SINAME LINE	OK PRINCIP	0 -	+ 1 p.	11.
outh the State	M. 5	SINGH	900, Cal	on Itre, Isal	t. De me Hos h
8 + 3	30. BURIAL, CREMATION, REMOVA (SPECIFY) burial	23b. DATE 1/18/84	231. NAME OF CEMETERY OR CREMATOR Lakeview (emetery	23d. LOCATION CITY OR TOWN JUREAVI	t. Agnie Has p.

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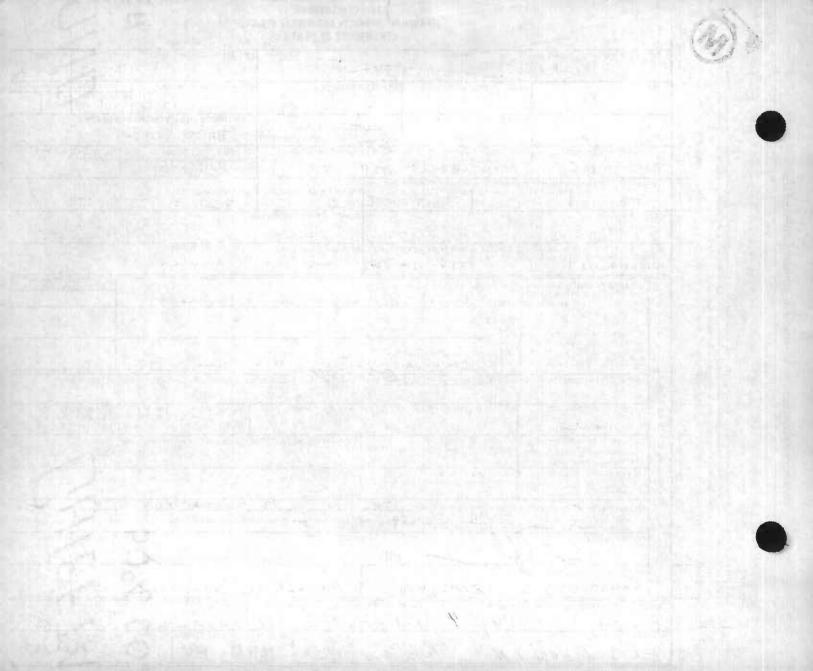
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	(TYPE	OK PRINT)		MARY	BAI	LZANO		110	200		OF ESTI		1.0119	
3.	SEX		4. RACE	5. D	ATE OF BIRTH		6. AGE (IN)	EARS IF UI	NDER TYR. IF UNDE	R 24 HRS.	C DATE	MONTH	BAY YEAR	R 2d.
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7	m. 181F	THPLACE (STATE OR		CITIZEN OF W	4	TRY?	8. MADE	IED NEVER MAR	DIED []	BALTIMORE C	ITY OR COU	NTY OF DEATH	151
1		eigh country)		U	SA				VED XX DIVOR		Baltim	ore Ci	ty	
10	0. CI	Y OR TOWN	OF DEATH	11.				E, OR OTI	HER INSTITUTION				K 126 KIND OF E	BUSINI
1	1	Baltir	nore		404 W.	23rd S				_	ost of working Lif LSpector	E)	Linen	
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ľ	Ma	ryland	136	COUNTY			or town	e	13d INSIDE CITY LIMITS? YES X NO C		4 W. 23:	rd St.	21211	
ъ	_	THER'S NAM	E						15. MOTHER'S MAIL			La oc.		
Y		FIRST	rank B	alzan	ODLE	l	AST		Rose	Metr	ang lo		LAST	
10	6a. W	AS DECEASE	D EVER IN U	J.S. ARMED	FORCES?	16b. SOC	IAL SECUR	TY NO.	17. INFORMANT	22001		Mewport	- Ave	
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F		T8 CAUSE O	OF DEATH (E	nter anly an	e cause per line						_ Date	Jeg IIU	APPROXIMA	ATE INT
1		PARTID						otic	cardiovasc	ular	disease		BETWEEN ON	SET AN
1	М	47	9 3 M	MEDIATE CA	DUE TO, OF				our aroras					
		Conditio	ans, if any,	which										
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		lying ca	i) stating the use last.	under-	DUE TO, OR	AS A CON	SEQUENCE	OF						
1					(c)									
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1	110	UNDERLYIN	G OR		HOUR A.A	A. MONTH	DAY YE			,				
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		AT WORK	AT WORK	()										
1		22a. 1 cert	rify that I taol	k charge of	the remains de	scribed aba	ve, held an	Autaj	osy , Inspecti	an XX.	Inquiry	and in my	apinian	
		death resul	ted fram:	Natural co	ouses X,	Accident	LJ, s	vicide	, Hamicide .	Undete	rmined manner	<u></u>		
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1						A 14		,						
		EXAMINER'S (TYPE OR PR	INT)	Marc	garita /	A. Kor	ell,№	1.0.	_ADDRESS		Street			
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ALL XO	11-	STATE REGISTRAR	ME	DICAL EXA	MINER'S	CERTIFICATE (OF DEATH	REG. NO.	
P	I. DE	CEASED NAME FIRST		WIDOLE		LAST	20 DATE KN		DAY YEAR 26. HOUR
	{TYP	E OR PRINT)						NOWN XX MONTH	
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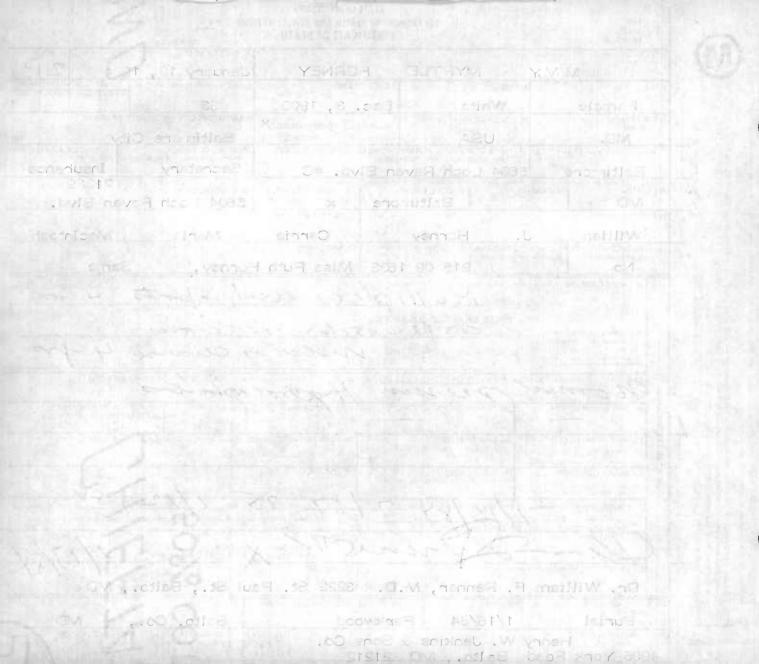
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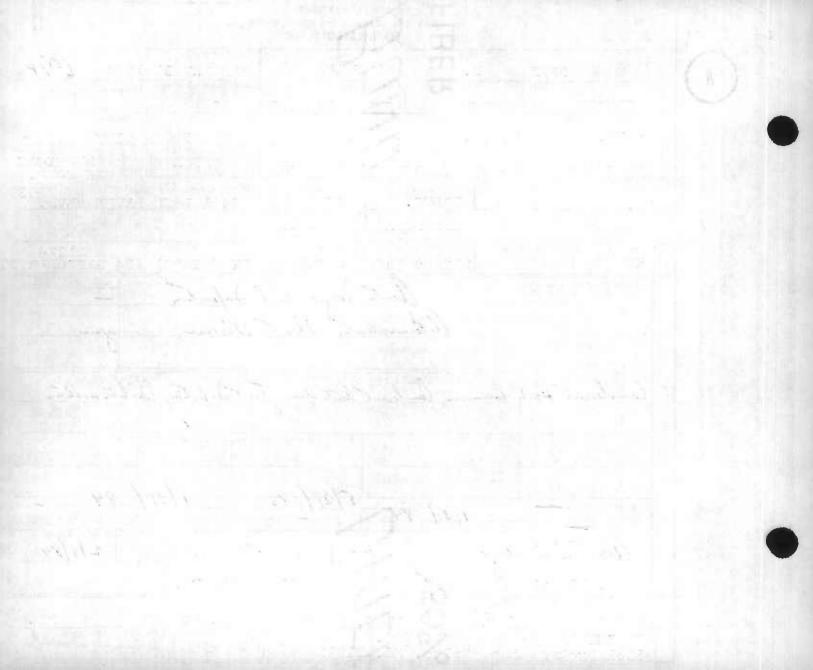
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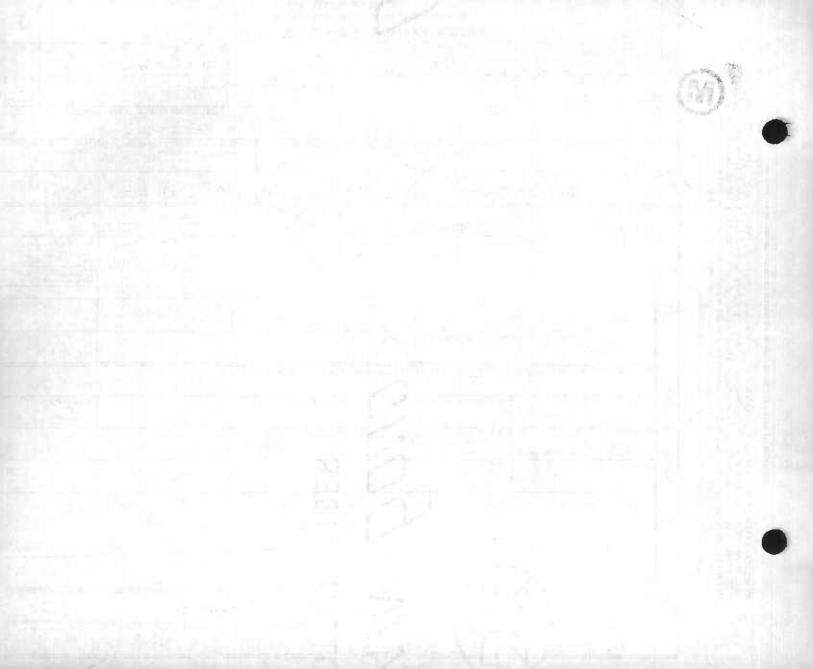
5 4	FOR STATE REGISTRAR	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 4	0 1 1 0 8
	I. DECEASED NAME (TYPE OR PRINT)	RST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
4 61 A)	(TYPE OK PRINT)	ARA D.	HOROWITZ	JANUARY 31	1984 651/PM
§ (,)	3 SEX	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHOAY)	F UNDER I YEAR IF UNDER 24 HRS
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Pod Shou	To BIRTHPLACE (STATE OR FORE	ON 76 CITIZEN OF WHAT COUNT	RY? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COL	UNTY OF DEATH
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212	USUAL RESIDENCE (IF NURSING	HOME OR OTHER INSTITUTION, GIVE RESIDENCE BI	FORE ADMISSION)		CAN CO
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MARYLAND ed within 24 pupletely fille and 2 should	14 FATHER'S NAME	MIDDLE LAST	1\$ MOTHER'S MAIDEN N		TZAI
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certify after this certificate has been signed by the attending plas the build-transit permit. Then please remove carbons to an Mental Hygiene prior to build, cremation, at remarked as them 18 show any injury, or other troumatic even arked as them 18 show any injury, or other troumatic even	PARI 2 OTHER SIGNIFI	date the ast (c)	OUENCE OF OUENCE OF DO DEATH BUT NOT RELATED TO THE TELE	Discuse RMINAL DISEASE OR CONDITION	AGIVEN IN PART 1(0
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TEND To OR: A Prese	saw the deceased of	allive an	041	an death occurred on the date an	d have and from the causes stated
R ATT haspined for the Party of	22b. SEGNATURE	(did not) view the body after death.	DEGREE		22c. DATE, SIGNED
the the Older of the Price of t	allbur 1	3 Bradley	mo ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	2/1/84
HOSPIT Vined by FUNER Puld be VORTAN	DR. ALE	BERT B. BRADLEY	27e ADDRESS 4900	Belair Rd.	
Of Of W	23a BURIAL, CREMATION, REA	AOVAL 23b. DATE	36. NAME OF CEMETERY OR CREMATOR	23d LOCATION CITY OF TOWN	COUNTY STATE
BP	BURIAL	2/3/84	BALTO. NAT'L	BALTIMOR	
DHMH - 16 50M 4/83	24 FUNSCHIMONER	FUNERAL HOME	55 INC. 25a. D		GISTRAR'S SIGNAPURE
(VRA 15, 4)	3331 Breh	ms Lane, Balto	. Md. 21213 F	B 3 1984	and a series do



1		500		STATE OF MARYLAND	9 / 0	1 1 0 0
1	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	REG. NO.	1 1 0 7
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33	13a S	L RESIDENCE IN NURSING HOME OF OT TATE 136 COUNTY	THER INSTITUTION, GIVE RESIDENCE BEFORE Y 13c CITY OR TOW	ADMISSION)	? 13e.STREET ADDRESS / ZIP COL	
2/	4. FA	THER'S NAME	DDLE I+RANIC	15. MOTHER'S MAIDEN		SUSTAN
2		AS DECEASED EVER IN U.S. ARME	V IVIII		an Riss 570	alto, 21225
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9	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? //ES \(\sum \text{NO} \square \text{NO} \square
9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MONTH D		CURRED (ENTER NATURE OF INJURY IN ITEM TO	
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE
		270.1 certify that (I) (this hospital saw the deceased alive an above, (I) (worlding) (did not):	0.19	and bet in (my) (our) opin	ion death occurred on the date and he	our and from the causes stated
±		72h. SIGNATURE	13. Com	DEGREE ATTENDING PHYSICIAN		26 Just
MPORTANT		224 PHYSICIAN WATE (TYPE OR P	B. (61	2001 S	HANOUER B	ACTIMORE MI
-72		Burial	1/20/1001	NAME OF CEMETERY OR CREMATOR edan Hill Cemetey	Baltimone, A	A Co., Mel STATE
33	24. FI	JUNERAL DIRECTOR L'ULLY Funeral H	lomes 237 E. B	Md., 21225 250 Atapsco Ave.,	DATE REC'D. BY REGISTRAR 255, REGIS	STRAR'S SIGNATURE

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STATE OF MARYLAND



Leonard J Ruck Inc. Baltimore, Maryland

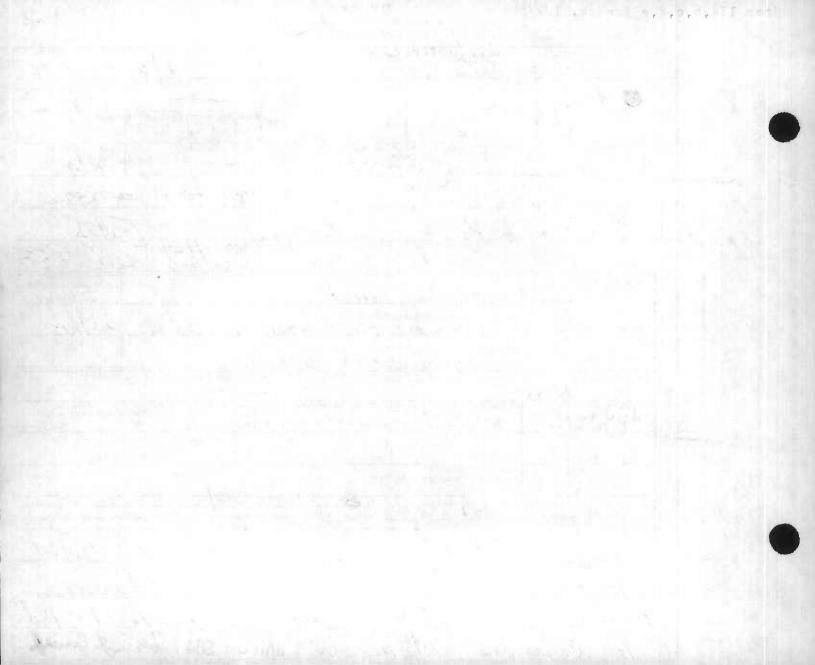
STATE OF MARYLAND

FOR

(VRA 15, 4)

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Leonard J. Ruck, Inc. Baltimore. Maryland

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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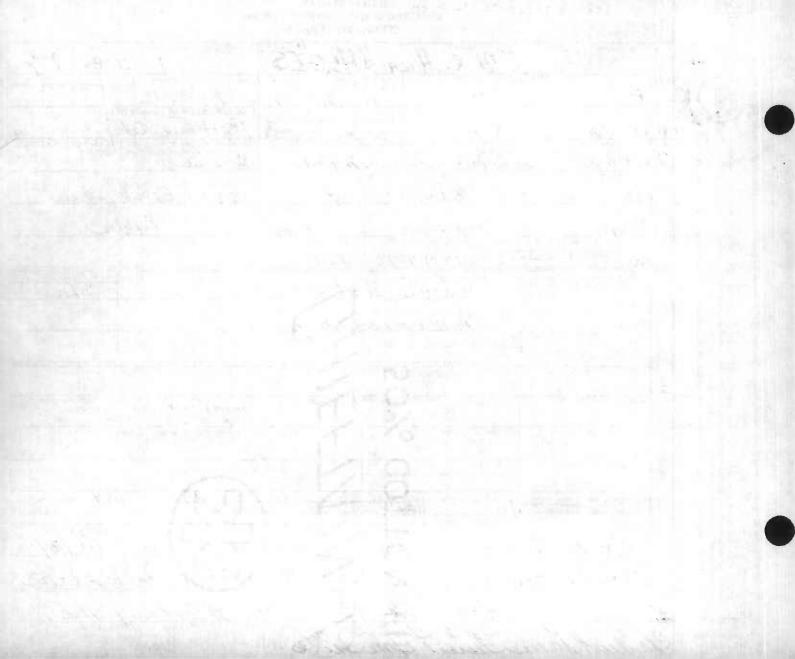
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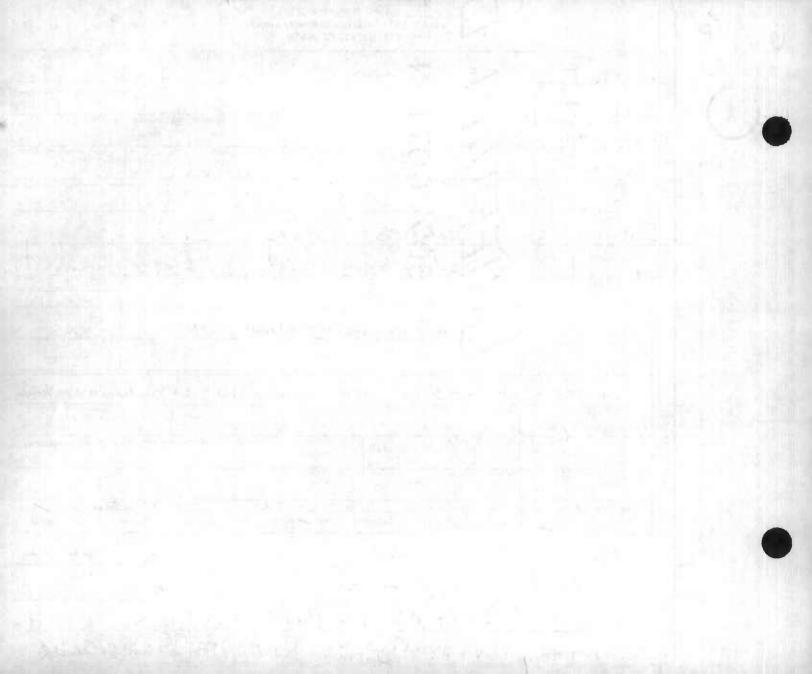
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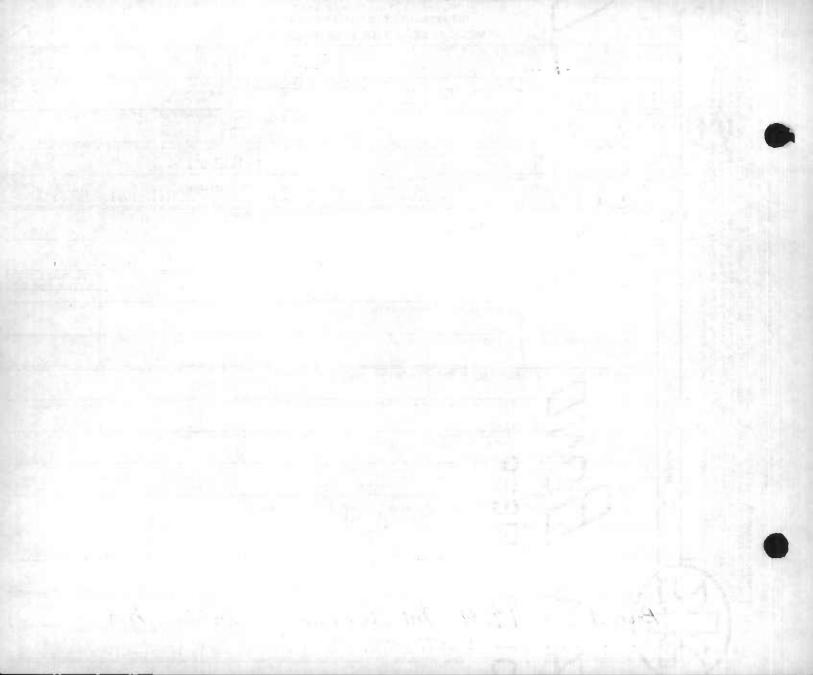
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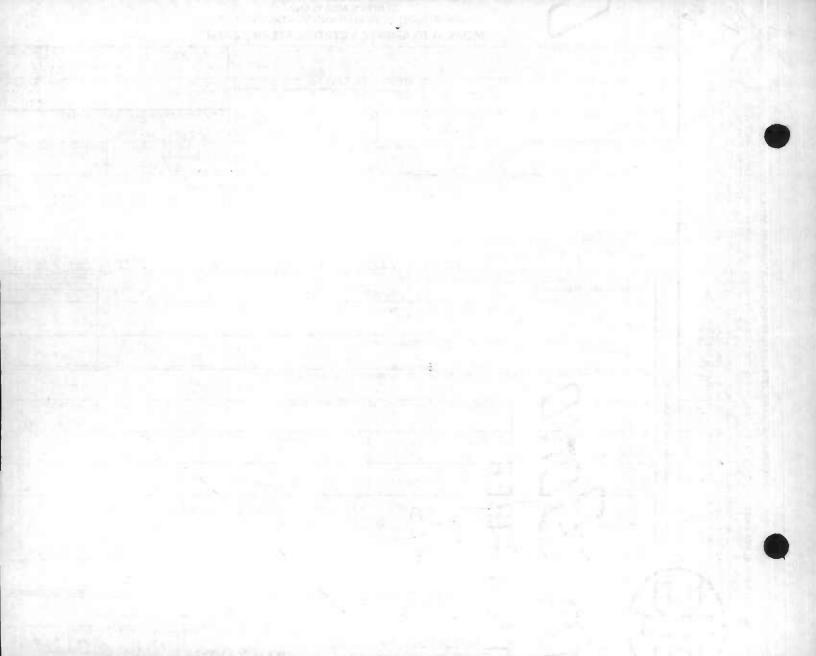
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN I. DECEASED NAME (TYPE OR PRINT) OF ESTI-QUINTIN DEATH MATED Hughes 719 4. RACE 6. AGE (IN YEARS IF UNDER 1 YR. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE 25 VAC PRONOUNCED 58 5:56A MALE BLACK DEAD Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OR MARRIED NEVER MARRIEDX BALTO . WIDOWED DIVORCED Baltimore City B CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS UNEMP OR INDUSTRY 5518 Sarril Road Baltimore JSUAL NO 130. STATMD USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? APT 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST JOSEPH HUGHES 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) HUGHES 5518 SARRIL RD. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: > Gunshot wound to head IMMEDIATE CAUSE (o)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 52 NO [3 SHOULD BE DEPARTMENT (1) PRIOR TO BLI 210. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING KOR 5:50xx 19 84 Subject shotself CONTRIBUTING TO CAUSE OF DEATH 21e PLACE OF INJURY 21d. INJURY OCCURRED (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE NOT WHILE X PAGE 4 SHOULD BE TO FUNERAL DIRECTOR: PAGAFIER DEATH, WITH THE STATE BAIL MORE, MARYLAND, 212 AT WORK 5518 Sarril house Rd Balto Md Autapsy Inquiry 22a. I certify that I took charg bove, held on Inspection and in my opinion ide X death resulted from Undetermined manner ACTUAL M. Deputy ChiefMEDICAL EXAMINER SIGNATURE EXAMINER'S NAME Thomas D. Smith, M.D. 111 Penn St. Balto. MD. (TYPE OR PRINT) ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY 250. DATE REC'D BY REGISTRAR DYETT 4600 ADDE BERTY HGTS. AVE. **DHMH - 17** JAN (VR A15 ME (5))

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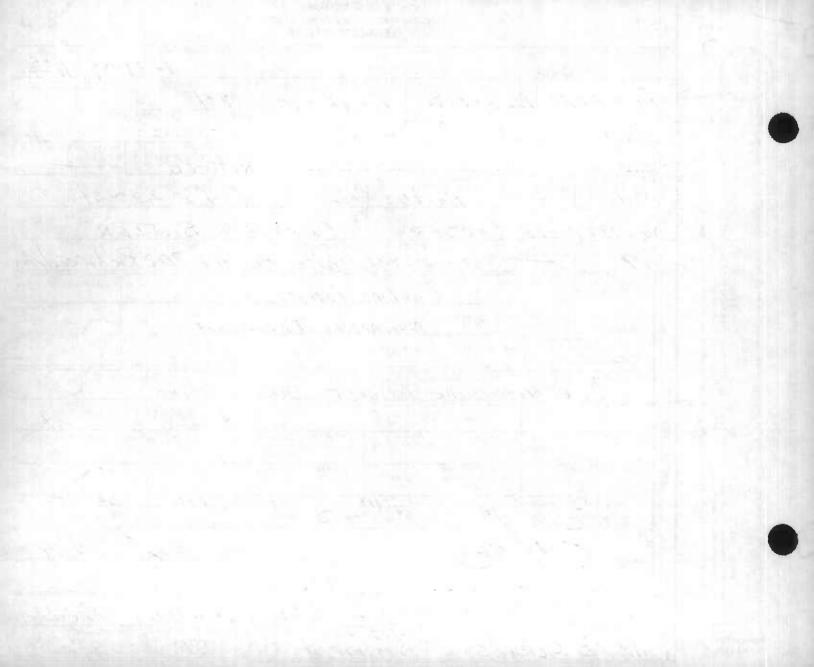
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E, MD. 21201 ATH. IF ANY DELAY IS NECESSARY, PLEASES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PM 3. RETAIN PAGE 5 FOR YOUR FILES. VITAL RECORDS, 201 W PRESTON STREET.	3. SEX Mal		hite	5. DATE OF BIRT	ž, 39°		RS. IF UN		IF UNDER Hours	MIN	PRONOUT DE AE	NCED	MONT	28		2d HOUR 11:47 D M
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OR A	DIRECTORDE for Director for Dept. of		22b. SIGNATURE	11/1	DEGREE		220. DATE SIGNED
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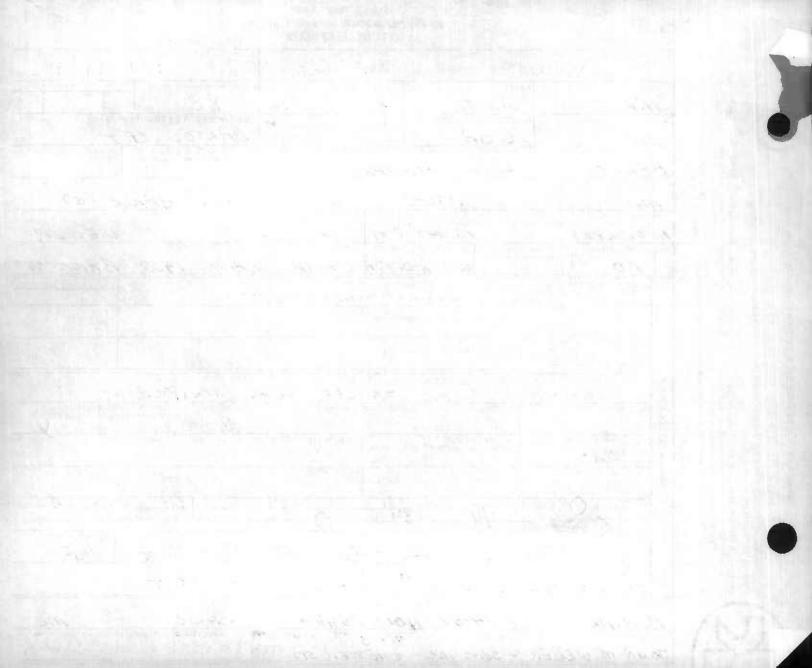
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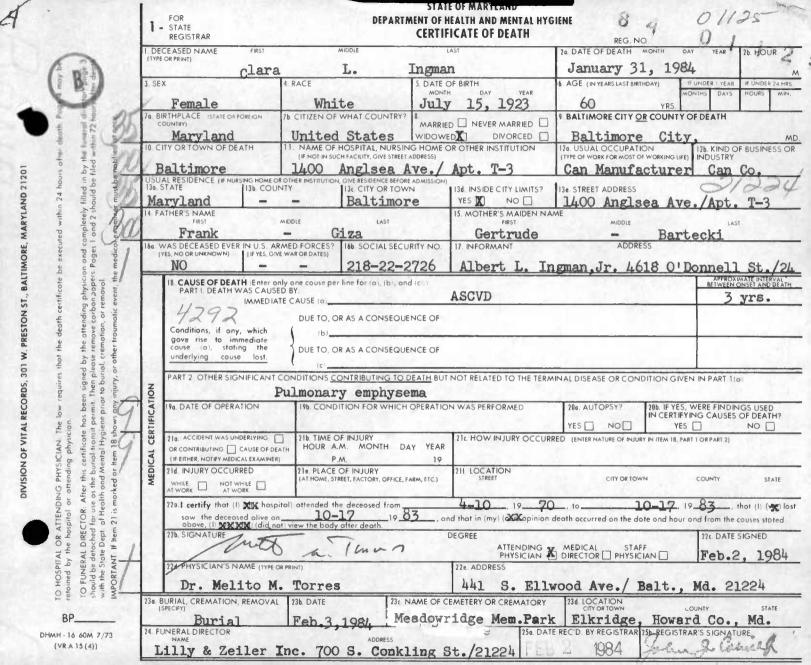
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F. M. St. T.— LP. LULINA CO. ST. ST. MARKET SERVICE STATES

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lilly weiler Inc. 740 S. Comiling St./21294

-8	1	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAN ALTH AND MI CATE OF DE	ENTAL HYG		O	1	2 6
			CEASED NAME FIRST		WIDDLE	LA	51 -		26. DATE OF DEA	TH MONTH	DAY YEAR	26. HOUR
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E 18.	1	3. SE	(4. RACE		5. DATE O			6. AGE (IN YEARS	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
	1	2	Male	В1	ack	MONTH 7	28	26	5.7	YRS.	DATE	MIN.
2 43	18/11		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MA		9. BALTIMORE	TY OR COUNT	Y OF DEATH	
rerol n 72	10/	s.	Carolina	U.S	. A.	WIDOWEL		DRCED	Balti	nore Ci	tv.	
e for	8.17		TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	NG HOME O			120. USUAL OCC	JPATION	126. KIND O	F BUSINESS O
of the led	制	B	altimore		SINCLA		NE		(TYPE OF WORK FOR	NOST OF WORKING LI	FE) INDUSTRY	
in b	3/12	USU	AL RESIDENCE (IF NURSING HOM	AE OR OTHER INSTITUTION.	GIVE RESIDENCE BEFOR	RE ADMISSION)						
n 24 hour filled in I hould be f	(300)		arvland 13b.c	OUNTY	Baltim		13d. INSIDE CIT	Y LIMITS?	13e. STREET ADD	sinclai	r Inno	2121
rthin tety f 2 sho	17		THER'S NAME			OIC	15. MOTHER'S		AE . 9/55		Lane	
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e exect	edic			S. GIVE WAR OR DATES)		Caron.			-	0007		
son son	, E		18 CAUSE OF DEATH (Ente				ретот	es C	Inman	2007 8	Sinclai	MATE INTERVAL
ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours or attending physician. If the this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 should be file.	ial, cremat ar ather tra		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last	DUE 10. 0	R AS A CONSEQU	11	Lans			णाउ च्यू	26	
requires in signed Then pla	njury.	NOI	PART 2 OTHER SIGNIFICA	NT CONDITIONS CO	ONTRIBUTING TO	DEAT BUT	NOT RELATED T	O THE TERM				
The law ion. thos bea	iene prior	CERTIFICATION	196 DATE OF OPERATION		ITION FOR WHICH	OPERATION	1		YES N	IN CERTI	S, WERE FINDIN FYING CAUSES ES	OF DEATH?
SICIAN: Ting physici certificate	hem 18 sh		218, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE CO	F DEATH HOUR A.	OF INJURY .M. MONTH D .M.	AY YEAR			ED (ENTER NATURE	OF INVERY IN ITEM 18	PART 1 OR PART 2)	
VG PHYSIC attending fter this cert	oith and M marked or	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE, I	FARM, ETC }	211. LOCATION STREET	1	СП	ORTOWN	COUNTY	STATE
ATTENDI spital or CTOR: A	of Heal		228.1 certify that (1) (this h saw the deceased aliv abave, (1) (we) (did) (di			3-00	that in my	, 19 our) apinian (eath accurred an	the date and ha	ur and from the	that (we) la cause stated
TAL OR A y the ho ZAL DIRE	ote Dept		22b. SIONATURE	010	1	C		TENDING HYSICIAN	MEDICAL DIRECTOR =	"STAFF HYSICIAN [22c. DAIE	SIGN D
O HOSPITAL etained by th TO FUNERAL should be det	APORTANT:		22d. PHYSICIAN'S NAME	VET	in		8 ADDR SS	- 14	Men	1 Ow	1 23	7
BP	3 5		URIAL, CREMATION, REMO URIAL				METERY OLCH Hill C	emete	10	Arund		
DHMH - 16 50A	۸ 4/82	24. FU	JNERAL DIRECTOR		ADDRESS				REC'D. BY REGIS	TRAR 256. REGIS	TRAR'S SIGNAT	URE LELA
(VRA 15,		Wm	C March F,	H Inc.	1101 E	North	Avenu	ie JA	NGIB	04 0		

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DIVISION OF VITAL RECORDS

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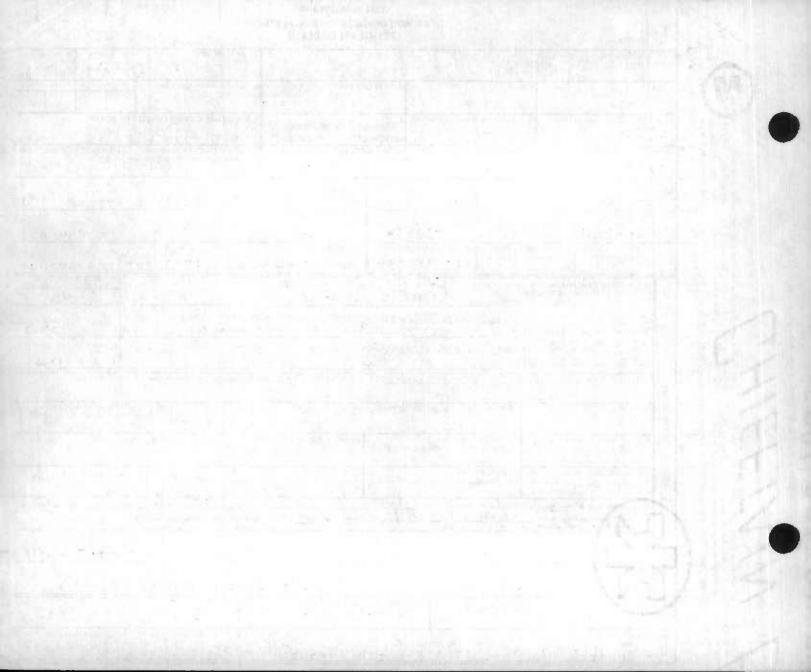
~~~~	1.	FOR - STATE REGISTRAR			MENT OF H	E OF MARYLAND IEALTH AND MENTAL HYG ICATE OF DEATH	REG. NO		1 1 2 8
		CEASED NAME BENE	ENJAMIN SAMIN	M.	JAC	CKSON KSON	20. DATE OF DEATH	) ( 02	284 820
1	3. SE	x Male	4 RACE B1a	ack	S. DATE O		6. AGE (IN YEARS LAST BIR		FUNDER 1 YEAR IF UNDER 24
30/2		RTHPLACE (STATE OR FOREIGN COUNTRY)  aryland	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O Baltimor		
5	9.5	altimore	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET CH HOME	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATE {TYPE OF WORK FOR MOST O	ON	126. KIND OF BUSINESS
1	13a :	aryland	DIMER INSTITUTION,	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Baltin	N	13d. INSIDE CITY LIMITS? YES X NO		land	Avenue 21:
		ATHER'S NAME FIRST Benjamin	MIDDLE V.	Gill		15. MOTHER'S MAIDEN NA/ FIRST Dora	WIDDIE		Mondowne
medicol	16a \	WAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN)  I # YES, G	RMED FORCES?	215-40-		Dora Mondo	wney 172		land Aven
event, the		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	ATE CAUSE (o)	Sep	tre	Shock.			APPROXIMATE INTERVA BETWEEN ONSET AND DE
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injury, o	CATION	PART 2 OTHER SIGNIFICANT	ERMENS!	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	N IN PART 110
Soms only	CERTIFICAT	19a DATE OF OPERATION			OPERATIO	N WAS PERFORMED	YES NO X		WERE FINDINGS USED ING CAUSES OF DEATH
em 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.	M. MONTH DA	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	RT 1 OR PART 2}
rked or h	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE ( (AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, F	ARM, ETC )	21f. LOCATION STREET	CITY OR TO	wn	COUNTY STAT
n 21 is mo		22a.l certify that (t) (this has saw the deceased alive a above, (1)/(we), (did) (did	n lan	02 198	1000	nd that in (my) (aur) apinion (	to death occurred an the do	ote and hour	ond from the couses state
F Hea		22b. SIGNATURE//	. 900			DEGREE ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC		01 0 2 8
PORTA		22d. PHYSICIAN'S NAME (TYPE	SALI	V		2524 (	Sulfordi	Ive	21218
-		BURIAL, CREMATION, REMOVA	1 /7 /S			EMETERY OR CREMATORY	23d. LOCATION	***	COUNTY MASTA

DHMH - 16 50M 4/82 (VRA 15, 4)

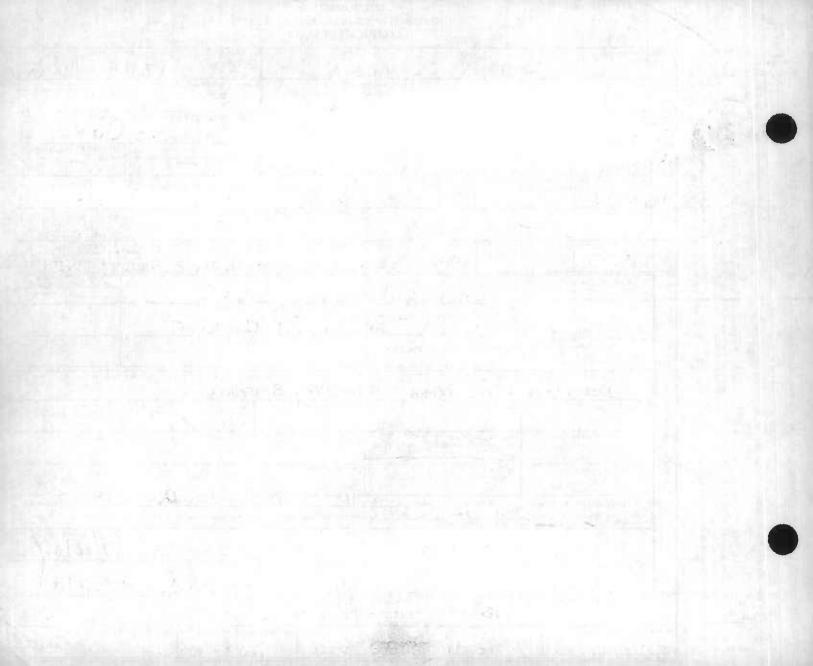
24 FUNERAL DIRECTOR

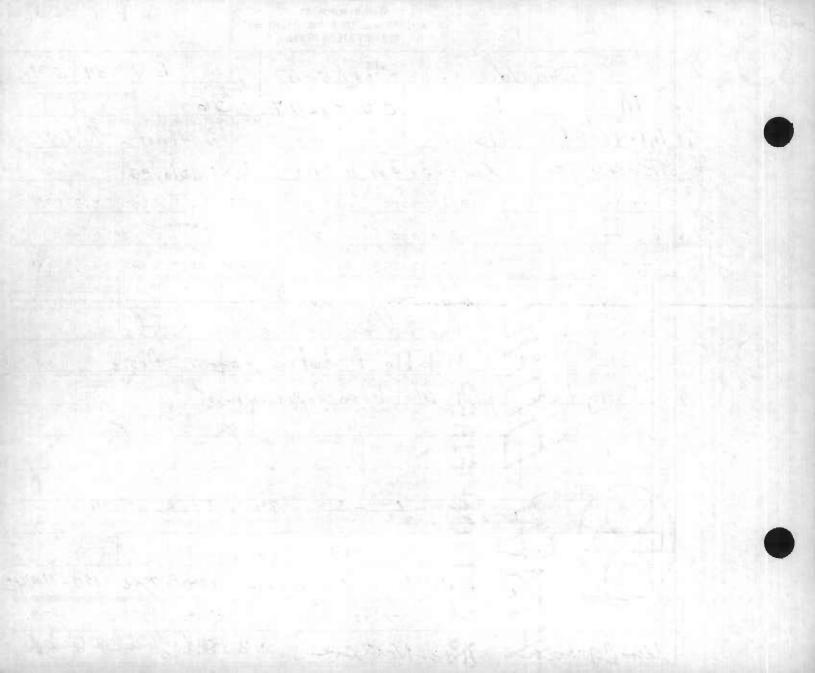
Wm C March F/H Inc.

1101 E North Avenue AN 3 1984 7



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1	1 -	STATE REGISTRAR			ICATE OF DEATH	REG. NO.		-
		CEASED NAME FIRST	MIDDLE		AST		ONTH DAY YEAR	26 HOUR
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frer d	3. SE	' w	RAGE	5. DATE (		AGE (IN YEARS LAST BIRTHO	MONTHS DAYS	
1		11)	0	50	8031	2	YRS.	
1991	A. 1	OUNTRY)	b. CITIZEN OF WHAT COL	MARRIE	D NEVER MARRIED	BALTIMORE CITY OR	()	J
10/	No. of Concession, Name of Street, or other Designation, or other	UTH COVOLO	11. NAME OF HOSPITAL	WIDOWI		120 USUAL OCCUPATION	TIZE KIND	OF BUSINESS OR .
24	1000	Rali	IF NOT IN SUCH FACILITY, GI	VE STREET ADDRESS)	1	TYPE OF WORK FOR MOST OF V		
200	UsU	AL RESIDENCE (IF NURSING ID) IN C	OTHER INSTITUTION, GIVE RESIDE	CE BEFORE ADMISSION	7	)		
800		anland	Bally	hincre	136 INSIDE CITY LIMITS?	1014 W. Lan		et 2121
M	14. F/	THER'S NAME			15 MOTHER'S MAIDEN NAM	E	rydic berec	2121
10		TED		kson	Ruby	MIDDLE	Jack	KSON
lica		VAS DECEA TREVER IN U.S. ARM	AED FORCES? 166. SOCI	AL SECURITY NO.	17 INFORMANT	ADDRESS	Phila., PA	
medi		NO	348	5 POO 04	Cleveland Jac			
t, th		III. CAUSE OF DEATH (Enter only PART I DEATH WAS CAUSED	one couse peoline for iai	(b), and (c).		05+	APPROL	MIMATE PUTERVAL HEADED DIA TEORD IN
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(hor)	Z	PART 2 OTHER SIGNIFICANT CO		NG TO DEATH BUT	,	1 bolus	ION GIVEN IN PART I	110
1	ATIC	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO		200 AUTOPSY?	206. IF YES, WERE FIND	INGS USED
d	CERTIFICATION			c0/		YES T NOT	IN CERTIFYING CAUSE YES	S OF DEATH?
5/	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	via d	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY	N ITEM 18 PART 1 OR PART 2)	
19	¥	OR CONTRIBUTING CAUSE OF DEAT	HOUR (A.M.) MON	TH DAY YEAR				
3/	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	Office table stol	21E LOCATION	CITY OR TOWN	COUNTY	STATE
rked	2	WHILE NOT WHILE AT WORK	TAL HOME, STREET, FACTORY	OFFICE, PARM, ETC )	200		out!	
m e		220.1 certify that (I) (this hospital			. 19 89	_, to_ Jan 13	19 8	, that (1) (we) lost
5		sow the deceased alive on obove, (1) (well (did) (did)	yiew the body ofter death	19 84,0	nd that in (my) (our) opinion de	eath occurred on the date	and hour and from the	e couses stated
Hen		226. SIGNATORE			DEGREE		22c. DATE	ESIGNED
÷		2 YMas- A	1024 M	D	ATTENDING PHYSICIAN	MEDICAL STAFF	×	2187
ORTANT /		224 PHYSICIAN'S NAME (TYPE OR	PRIN		22e ADDRESS	20.1.0	1 11	4
WPORT.		11547 rc	)		MIN 94 11	nunjana	Host	) 121
		BURIAL, CREMATION, REMOVAL	1/18/84		EMETERY OR CREMATORY	Arbutus,	COUNTY	Md. STATE
			1/10/04	ALDUCU	Memorial Pk.		DEC ICID : DIG CIC	
4/83		UNERAL DIRECTOR	- /r - 4 4 A	DDRESS		REC'D. BY REGISTRAR 25		2. Caniel
	Wi	lliam C. March	F/H Inc. 110	I E Nort	n Avenue	441 1 7 109/	> hound	in comments





TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or remaval.

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IMPORTANT: If them 21 is marked or them 18 shows

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CEPTIEIC ATE OF DEATH

	REGISTRAR	CEI	KITICATE OF DEATH	REG. NO.	
	CEASED NAME FIRST	MIDDLE	LAST	24 DATE OF DEATH MONTH	DAY YEAR 25 HOUR
11116	Mami	e L. Jackson		1-	3-84 12:50 PM
SE:	×	4 RACE 5. D	ATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
	emale		ING 6, 1894		
	IRTHPLACE (STATE OR FOREIGN COUNTRY)			Ratto	NTY OF DEATH
0 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSING HO	OME OR OTHER INSTITUTION	101, 11111	12b. KIND OF BUSINESS OR
B	BALTIMORE	wenkins Memon	hal Home		
h	neryland 136 cour	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMIS NTY 136. CLTY OR TOWN	TAST  TO DATE OF BIRTH  TO DAT	ntley Ave	
4 FA	ATHER'S NAME FIRST	MIDDLE DAVIS	15. MOTHER'S MAIDEN N		DOTING
	WAS DECEASED EVER IN U.S. AR YES, NO OWINKNOWN) (IF YES, GN	MED FORCES? 16b SOCIAL SECURITY N	NO. IT INFORMANT	To T Lead B	21219
	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)  CONDITIONS CONTRIBUTING TO DEATH	OF	ALLA DISEASE OF CONDITION	core you
NO.	·	ECHOMONS CONTRIBUTION TO BEAT	DOT NOT KEERIED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110
CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPER	ATION WAS PERFORMED	IN CE	RTIFYING CAUSES OF DEATH?
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	SIR I	EAR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ET		CITY OR TOWN	COUNTY STATE
	e deceosed alive an	ital) oftended the deceased from	, 19, 19	ta	haur and fram the couses stoted
	TIE SONATURE	20-00m	ATTENDING		22c DATE SIGNED
	220 HYSICIAN'S NAME (TYPE C	PR PRINT)	4-3-	DIRECTOR   PHYSICIAN	17787

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

THE BURIAL CREMATION, REMOVAL 234 DATE

Joseph L. Buss ZERE W. A.

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STATE OF MARYLAND

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MEDICAL

	STATE OF M.		0
DEPARTMENT	OF HEALTH	AND MENTAL	HYGIENE
		OF DEATH	

REG. NO 20 DATE OF DEATH 26 HOUR TAKATES IF UNDER I YEAR AGE (IN YEARS LAST BIRTHDAY) YEAR 65

5. DATE OF BIRTH MONTH 23 Female Black. 18 TO BIRTHPLACE (STATE OF FOREIGN 75 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY S. Carolina U.S.A. WIDOWEDIA DIVORCED 10 CITY OR TOWN OF DEATH 1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) BALTIMORE BALTIMORE CITY HOSPITALS

BALTIMORE CITY. 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY

196 COUNTY 13c. CITY OR TOWN 134 INSIDE CITY LIMIT 13e. STREET ADDRESS Baltimore 5440 Addington Road 21229 Maryland NOV 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Robinson Henry Jane Bennett 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (YES NO OR UNKNOWN)

243-32-1803 Eliza Glass 5440 Addington Road NO 18 CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY. Junnedia-Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (o

No DATE OF OPERATION CONDITION FOR WHICH OPERATION WAS PERFORMED The AUTOPSY'S 20k IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOT YES: IT The ACCIDENT WAS UNDERLYING THE TIME OF INJURY THE HOW INJURY OCCURRED (CHIER HATURE OF HOURY PLIEM IS PART I OR PART 2) HOUR AM MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (WEITHER, NOTHY MEDICAL EXAMPLE)

III. LOCATION

AT HOME, STREET, FACTORS, OFFICE FARM, ETC.) AT WORK 27s.1 certify that (1) (8) is hospital) attended the deceased from and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

27% SIGNATURE DEGREE Th. DATE SIGNED ATTENDING MEDICAL

774 PHYSISIAN'S NAME CYCL ORFERS

PHYSICIAN | DIRECTOR PHYSICIAN

230 BURIAL, CREMATION, REMOVAL 23b. DATE

23¢ NAME OF CEMETERY OR CREMATORY Oaks A.M.E.Church 23d. LOCATION Summerton,

CITY OR YOUR

STATE

COUNTY

BURIAL 24 FUNERAL DIRECTOR

714 PAJURY OCCURRED

- STATE REGISTRAR

DECEASED NAME

(Janie)

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Wm C March F/H Inc. 1101 E North Avenue

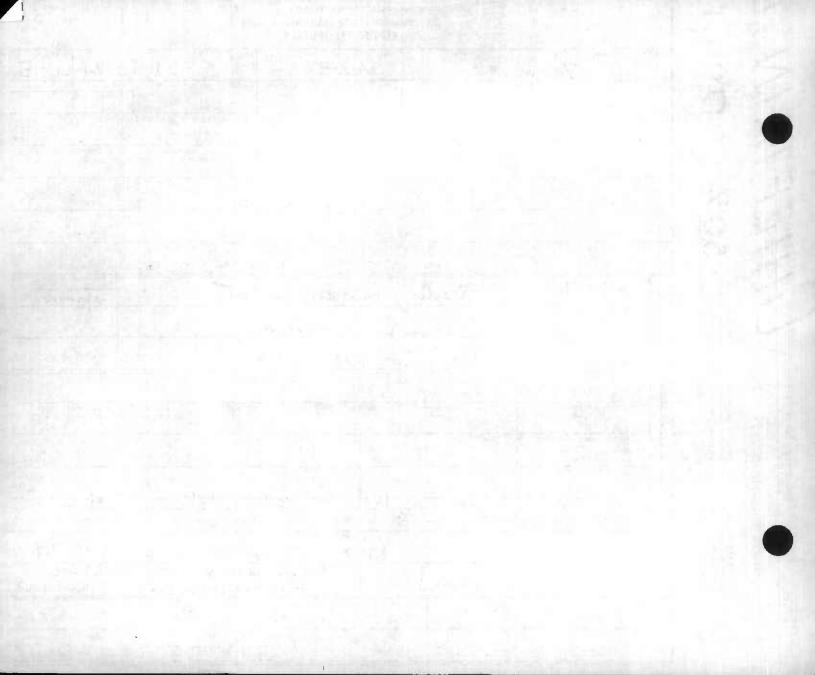
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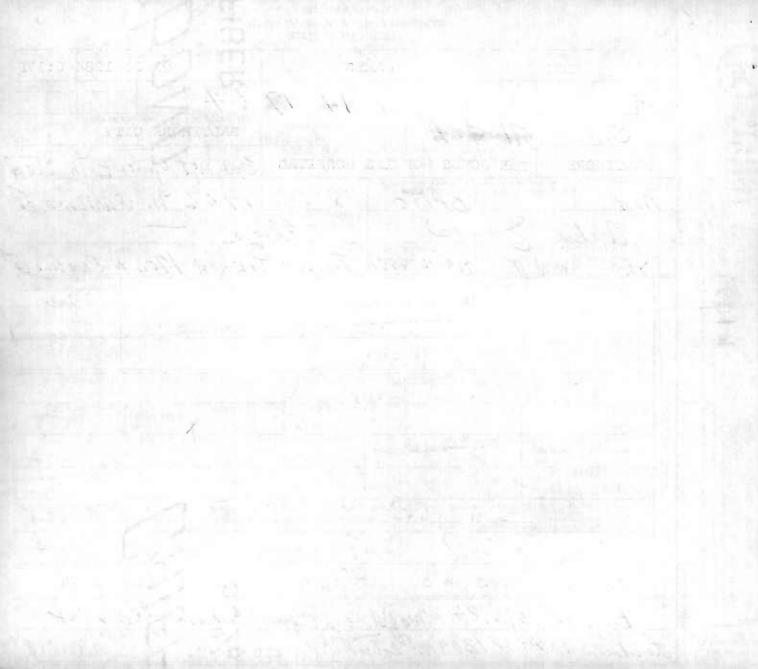
250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 50M 1/81 (VRA 15, 4)

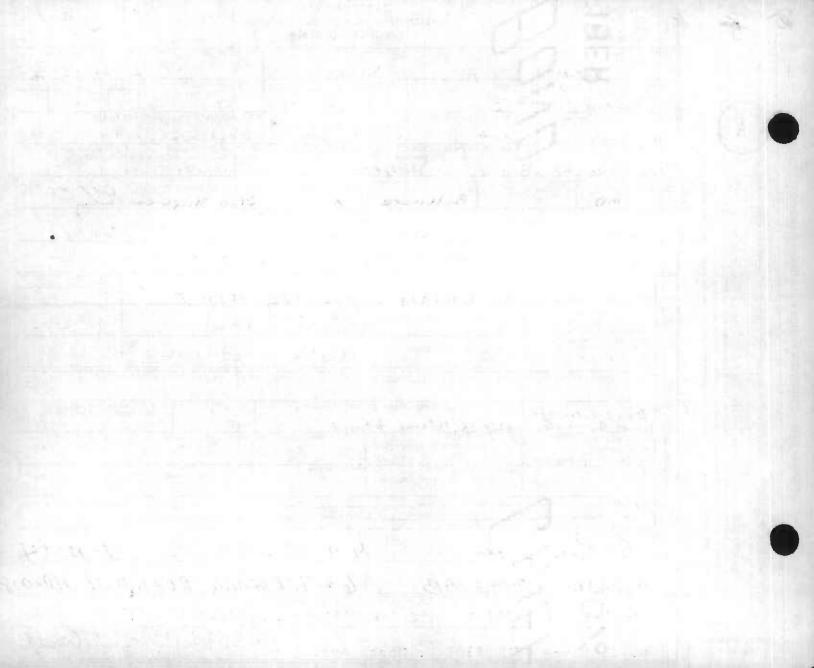
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH DAY 1. DECEASED NAME FIRST MIDDLE 2h HOUR (TYPE OR PRINT) **JAMES** 31 1984 01 6:17P TOM AGE IN YEARS LAST BIRTHDAY 3. SEX 5. DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN MARRIED | NEVER MARRIED BALTIMORE CITY WIDOWED DIVORCED OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR JOHNS HOPKINS HOSPITAL BALTIMORE USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 130 STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST ADDRES 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT HE YES, GIVE WAR OR DATES) (YES NO OBLUNKNOWN) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 710 ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY CITY OR TOWN STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE AI WORK 220.1 certify that (I) (this hospital) attended the deceased from_ 84 saw the deceased alive an_ ond that in (my) (our) opinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the bady after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL old be deto PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS E, FURD, M.D 0 4 23c. NAME OF CEMETERY OR CREMATORY 234 LOCATION 230. BURIAL, CREMATION, REMOVAL CITY OR TOWN SALARD BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 (VRA 15, 4)



		FOR		STATE OF MARYLAND	verus 8 4 0	1 1 3 7
5	1 -	STATE REGISTRAR	DE	PARTMENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH		
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3/1/	10. CIT	OR TOWN OF DEATH	11. NAME OF HOSPITAL, I	NURSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS C
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Jone Jone		NAthanieL		Ames ELAine	ADDRESS	Bedford
Poges,			IVE WAR OR DATES)	AL SECURITY NO. 17. INFORMANT	ames 1223 Grego	r Way
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TAL OF y the RAL DII detach tote De		antana	about	4. D ATTENDING PHYSICIAN	MEDICAL STAFF	1-28-82
Sto de Sto	1	24 PHYSICIAN'S NAME TYPE		22e ADDRESS		1
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HOSPI ained b FUNE ovid be th the S		AURAPA	PAYAB YA	(a) I (a) Till	DEIGGO WAN	Balt. MULL
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TO HOSE TO HOSE TO FUNI Should by with the t	23a BU	AURORA  RIAL CREMATION, REMOVA  **CEST)  Burial	L 23b. DATE			19act. MD
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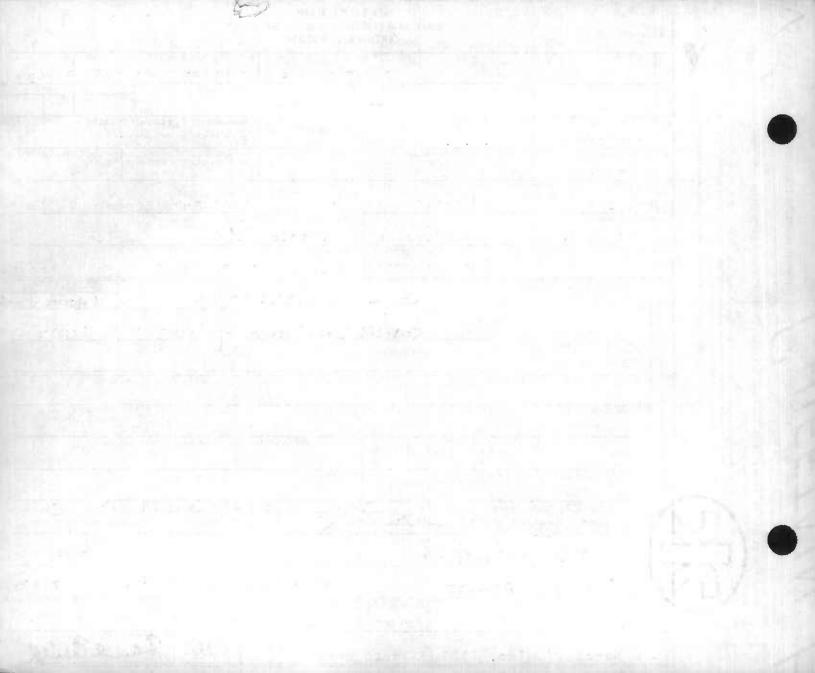


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(B) 1	1	FOR - STATE REGISTRAR	DEPARTM	STATE OF MARYLAND SENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 4 0	1140			
poge 3		ECEASED NAME FIRST	MIDDLE	fferson	20. DATE OF DEATH MONTH	26-1984 6:11 AM			
ge 4 may	3 5		1 RACE BIK	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.			
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umplend and 2.	0	NORMAN	Jefferson		ile MIDDLE JE HERSON				
e be exection and ers. Pages I.	160	WAS DECEASED EVER IN U.S. AR.  (YES, MOR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SECU E WAR OR DATES) 216-14-0	479 Mrs. Jurina	Thomas, 3031 R	AYNOT			
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HOSPITAL Orned by the FUNERAL DI vid be detact the State De ORTANT: # H	4	274 PHYSICIAN'S NAME LIVPE OF		ATTENDIN PHYSICIA 22e ADDRESS	MEDICAL STAFF	1-26-1984			
TO HOSPITA retained by TO FUNERA should be do with the Stat	23a	BURIAL, CREMATION, REMOVAL	PENUO 236 N	AME OF CEMETERY OR CREMATO	on Hospital,	Ballemore, MD			
BP DHMH - 16 50M 1/B1	24	Divio UNERAL DIRECTOR	1-30-84 K	ing Mem Park	DATE REC'D. BY REGISTRAR 256. REG	PARS SIGNATURE			
(VRA 15, 4)	7	anes A. MORTON	100NS-19001	NAURENS	JAN 2 6 1984	toland loone			

3. SE 7a. B 7a. B 10. C 13a. B 14. F	Male  SIRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland  LITY OR TOWN OF DEATH  BALTIMORE  JAL RESIDENCE (IF NURSING HOME OF STATE LATYLAND ATHER'S NAME FIRST  Alexander  WAS DECEASED EVER IN U.S. AR (YES, NOOR UNKNOWN) NO  18. CAUSE OF DEATH (ENTER OF PART I. DEATH WAS CAUSE	MIDDLE IS. CITY OR THE Balt  MIDDLE Jeff  RMED FORCES? I 666 SOCIAL S 218-1  Analy one cause per line for (a), (b)	JEF  5. DATE C MONTH  1  RY? 8. MARRIE WIDOWE RSING HOME C REET ADMISSION OWN imore  erson ECURITY NO. 0 - 9 2 0 9	0 6 17  DE NEVER MARRIED DIVORCED DOR OTHER INSTITUTION	ADDRESS	ITY, MD.    126. KIND OF BUSINESS OR INDUSTRY   120. KIND OF BUSIN
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of soul, the	PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b			Jellerson 200	o Robb Street
	IAAAA EDIA	TE CAUSE (a)	Conge	stive Hear		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
affer trauma	Canditians, if any, which gave rise ta immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	Oct 60	l Carcinon	na of lung	14002
NO NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CONDITION G	IVEN IN PART 1(a)
8 shows only inju	190 DATE OF OPERATION	196 CONDITION FOR WE	IICH OPERATIO	N WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED FIFYING CAUSES OF DEATH? YES \( \text{ NO } \(
12 18	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	ICE, FARM, ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
DE .	220.1 certify that Chis hasp	ital) attended the deceased fro	omm	Jan 19 82	5 to Jan 24	, 19 84 , tha (1) (we) last
3	saw the deceased alive on	Jan 23, at view the bady after death.	9 84 ,01	nd that in (aur) apinian	n death accurred an the date and ha	
1	22b. SIGNATURE	Radie H W		DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	125/84
OHTAN.	22d. PHYSICIAN'S NAME (TYPE O	0		22e. ADDRESS	och Raven Blud	1 1 - 1 - 1
1 2/	CHUKER	MADGETT	22. NAME OF F			
230.	BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL			EMETERY OR CREMATORY S Mem. Pk.	23d LOCATION CITY OR TOWN Arbutus,	Ma .
24. F	FUNERAL DIRECTOR	ADDRE		25a. PA		STRAR'S SIGNATURE



(VRA 15, 4)

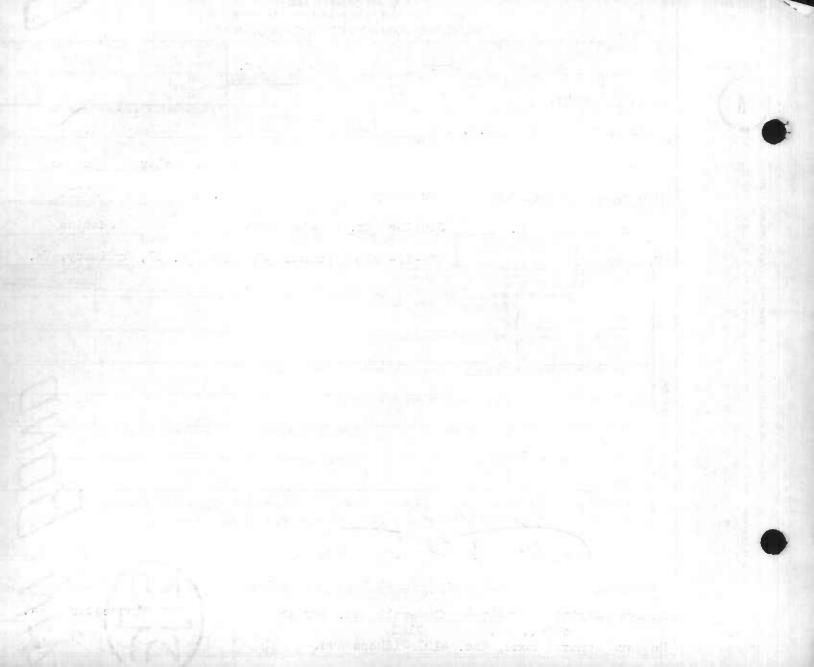
STATE OF MARYLAND

Company in the
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C. W. S.

3 4	FOR STATE REGISTRAR			DEPARTA	LENT OF HE	ALTH AND I	MENTAL HYG		O . NO.		4 3	
B )	I. DECEASED NAME	EIRST	N	MDDLE	LAS	it		20 DATE OF DEATH		DAY YEAR	2b. HOUR	
o o o	(TYPE OR PRINT)	dith	Flo	ssie	J	enkins	3		Jan	23 184		
T. pog	3. SEX	4 R.	ACE		5. DATE OF	BIRTH	YEAR	6. AGE (IN YEARS LAS	7A	FUNDER 1 YEAR	HOURS A	
ge 4	Female		Black			28	1911	72 _{YRS.}				
A 10 %	70 BIRTHPLACE (STATE O	R FOREIGN 76 C	CITIZEN OF V	WHAT COUNTRY?	MARRIED INEVER MARRIED			9 BALTIMORE CIT	Y OR COUNTY	OF DEATH		
de 44	S. Carolina		11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET A 1923 East Chase		WIDOWED DIVORCED DIVORCED			Baltimore City			MD.	
os ofter	Baltimore				ADDRESS)		(TYPE OF WORK FOR MC PVt. Dut	ST OF WORKING HE	E) INDUSTRY	12b. KIND OF BUSINESS OR INDUSTRY <b>Retired</b> Nursing Home		
24 hou	USUAL RESIDENCE (IF NU 130 STATE Maryland	RSING HOME OR OTHE		GIVE RESIDENCE BEFORE 130 CITY OR TOW  Baltimo	N 1	36 INSIDE C	ITY LIMITS?	13e STREET ADDRES			2/2/	
1 1	14. FATHER'S NAME	MIDD		LAST		IS. MOTHER'	S MAIDEN NA					
P 98	Avbrey	MIDD	· CE	Wright		E1:	iza	MIDDL		L/	AST	
n and a Pages	160 WAS DECEASED EVE (YES, NO OR UNKNOWN)	R IN U.S. ARMED		214 16 5		Leon 1	Wright	3035 Aru	nah Ave	•		
hysicion popers. lovol.	18 CAUSE OF DEA	TH (Enter only or WAS CAUSED BY	ne couse per	line far (a), 1b), and	d (c).)		/	, , , , , , , , , , , , , , , , , , , ,		APPRO	XIMATE INTERVAL	
quires that the de signed by the att hen please removitor buriol, crematic jury, or other from		nmediate ting the se last.	DUE TO, OR	H5 Her	resul	4	TO THE TERM	INAL DISEASE OR C	ONDITION GIV	EN IN PART I	10	
no.  Nos been permit. The prior was ony in	190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATION	WAS PERFO	DRMED	20a AUTOPSY?	IN CERTIF	, WERE FIND YING CAUSE S	INGS USED S OF DEATH?	
physicie physicie rificote sl-tronsit tol Hygie m 18 sh	OD CONTRIBUTION	CAUSE OF DEATH	21b. TIME OI HOUR A.A P.A	M. MONTH DA	Y YEAR	21c. HOW IN	JURY OCCUR	RED (ENTER NATURE OF				
ING PHYSIC r ottending After this cer as the buric ith and Men forked or the	(IF EITHER, NOTIFY ME 21d. IN JURY OCCU WHILE NOT NATIWORK NOT NATIWORK	WHILE [7]	21e PLACE (	OF INJURY BET, FACTORY, OFEICE, F.	ARM ETC	211 LOCATION STREET	ON	CITY C	RTOWN	COUNTY	STATE	
NDIN SI or	220.1 certify that (						_, 19	, to			, that (I) (we) I	
R ATTE hospito iRECTO hed for ept. of the tem 21	saw the deced above, (1) (we)	sed alive on (did) (did nat) vie	ew the body	after death.			(aur) apinion	death accurred on th	e date and have			
AL D AL D detoc Ste D II. H II.	226. SIGNATURE	Ancen	is.	Paul		nel	ATTENDING PHYSICIAN	MEDICAL S	TAFF SICIAN [	1/2	7/84	
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DHMH - 16 50M 4/83 (VRA 15, 4)	Nutter and Funeral Ho			2501 _{RES} GW			JAN	2 7 1984	AR 256. REGISTI	RAR'S SIGNA	TURE	

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HOURS HOURS STREET,	3. SE	X	Emmar 4 RACE	ouel  5. Date of Birth Month DAY	YEAR	6. AGE (IN YEAR LAST BIRTHDAY	s IF UN		Sr. DER 24 HRS.	DEATH MA	MONI			M 24 HOUR 8P	
( A)	→ 7a E	Male	White	07 04		58 YRS	5.			DEAD  9. BALTIMORE	1		84	8P M	
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DELAY IS 1 TO THE N N PAGE 0 BF FILED		Baltir	nore	11. NAME OF HOSPITAL, NURSING HOME, ( (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Baltimore City F.			Hospital Seafood Dealer					OR IN	OR INDUSTRY  Seafood		
21201 AND 3 RETAI HOULE	- 13a	ALRESIDENCE STATE Virginia	NI COUN	OR OTHER INSTITUTION, G	13c. CITY	BEFORE ADMISSION OR TOWN dinary	4)	13d. INSIDE CITY LIMITS	2   13e STF	t. 17		2313	149	19	
DEATH. II DEATH. II GES 1, 2, M PM 3. AND 2 S OF UTEAL	52	ATHER'S NAME FIRST John		A .	Jer		Sr.	15. MOTHER'S MA FIRST Willia		WIDOLE		Jenkin			
AFTER VE PA	3 1	was deceased yes, no, or unkno J <b>nknown</b>	(IF YES, GIVE	MED FORCES? WAR OR DATES)		1 18 - 98		Frances	Jenki		DDRESS 17, Or	dinary	, Va		
ITAL RECORDS, 201 W. PRESTON ST., BASHOULD BE EXECUTED WITHIN 24 HOURS, SHOULD BE EXECUTED WITHIN 24 HOURS, STREWELS, WITHIN THE NED STREWELL TRANSIT PERMIT. PARENTED FOR HEALTH AND MENTAL HYGIENE, DIVIDIRIAL, CREMATION, OR REMOVALE, DIVIDIRIAL, CREMATION, OR REMOVALE.	7	PARTIDE  4 2  Condition gave ris couse (a) lying caus	2 IMMEDIA: s, if ony, which e to immediate stoting the <u>under</u>	TE CAUSE (a) A)  DUE TO, OF	rteric RASACON RASACON	OSCLETO ISEQUENCE OF	=			disease	9	BETWEE	n onset af	NO DEATH	
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N OF V ICATE (ICATE OF THE WORLD BI STAKEN)			OR IG CAUSE OF I	DEATH P.M	NONTH	19	21c. HC	OW INJURY OCCUR	RRED (ENTER	NATURE OF INJURY II	N ITEM 18 PART 1 OF			NUALA	
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1		FOR	DEPA		OF MARYLAND EALTH AND MENTAL HYG	IENE 8 4	0.1	1 4 6
P	1	STATE REGISTRAR THOMAS	K. JENKINS		CATE OF DEATH	REG. NO	).	, ,, 0
1 74		CEASED NAME FIRST OR PRINT) THO M	AS KEITH	L	NKINS, SR.	20. DATE OF DEATH	MONTH, DAY YEAR  1 12 84	10 OAM
	1.5E	M.	White	5. DATE O	F BIRTH	6. AGE (IN YEARS LAST BIR	MONTHS DAYS	R IF UNDER 24 HRS
	300	MARYLAND	76. CITIZEN OF WHAT COUNTS	MARRIE	NEVER MARRIED		R COUNTY OF DEATH	
	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR	RSING HOME O		120 USUAL OCCUPATE	ON 126. KIND INDUSTRY	
Tr hours		TATE 2313   LOUN	OTHER INSTITUTION, GIVE RESIDENCE BE	FORE ADMISSION)		13e STREET ADDRESS	7TD.	23831
		THER'S NAME	MIDDLE LAST	.5001	15. MOTHER'S MAIDEN NAM		Tipp	AST F
1/3		VAS DECEASED EVER IN U.S. AR		1193	JoAnn Jenki	ADDRE		ecc .
quires that the a signed by the of Then places rame to burial, cremal histy, or other tr	NO	gave rise to immediate couse lat, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSECUTION OF THE CONTRIBUTING		NOT RELATED TO THE TERM			lta
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20h. IF YES, WERE FIND IN CERTIFYING CAUSE YES []	
SICIAN, T ng physic certifical resistrons from 18 8	ICAL CERT	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH P.M.	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)	
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ATTEND outstell o outstell o red for use or of the		220.1 certify that (I) (this hasping the decorated physical and belief no 22h SSONATURE	ottended the deceased fro	an, an	d that in (my (our) opinion o	death accurred an the do		e causes stated
FITAL OF 5y the 16 ERAL DIR se detoch 5tate Des		224 PHYSICIAN S NAME CITE	Hald MI	>	ATTENDING	MEDICAL STAF DIRECTOR PHYSIC	F.	12/84
PO FUN TO FUN Though I		ROBER	et, FULT	>	225. Bue		Balto. 11	172120
999899	23a. E	BURIAL BURIAL	6 7 7 7 7		erles Cem.	23d. LOCATION CITY OR TOWN Glymont	Charles M	STATE STATE
DHMH - 16 50M 4/83		JNERAL DIRECTOR	ADDRE		250DAT	E REC'D. BY REGISTRAR	25 REGISTRAR'S SIGNA	ATURE *

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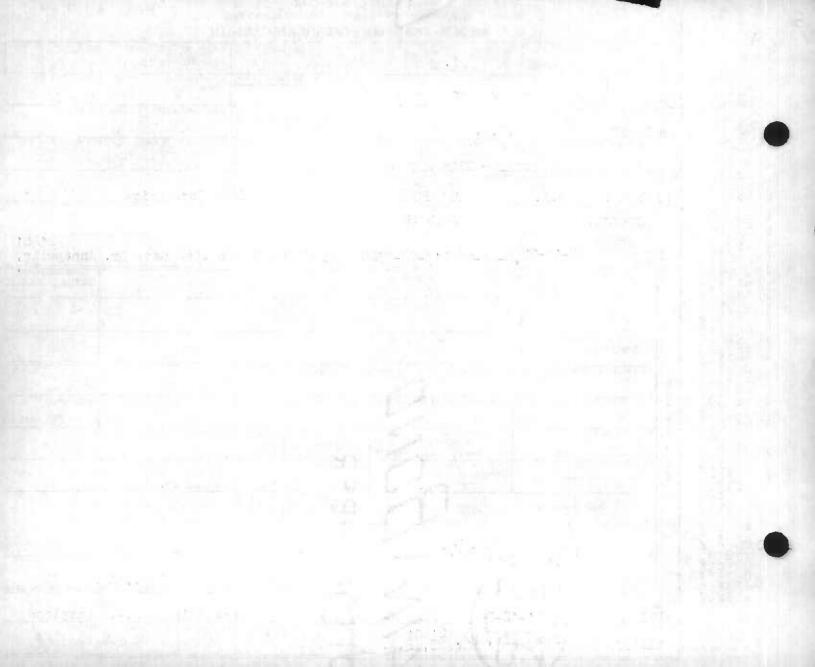
STATE OF MARYLAND

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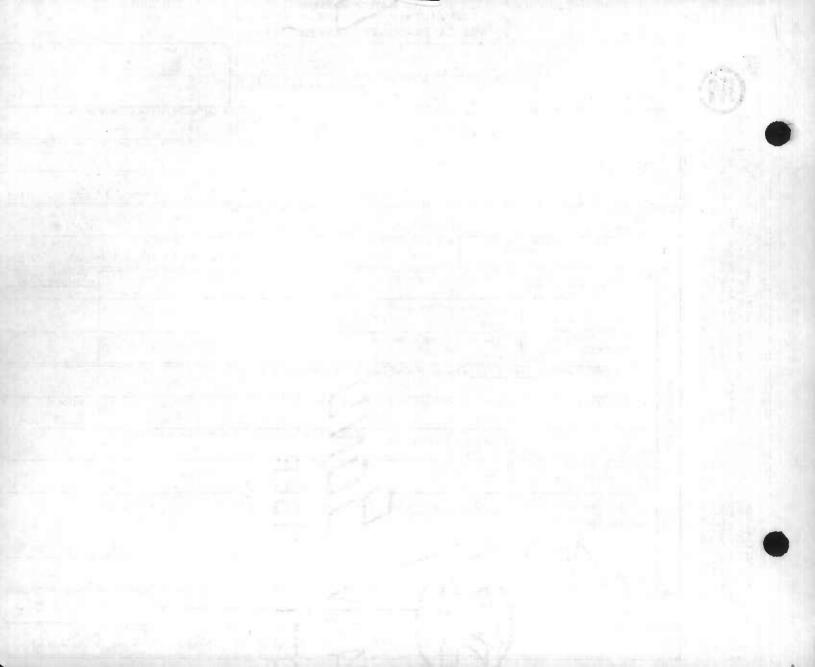
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5/			FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE											
	X		REGISTRAR CEASED NAM	E FIRST	ME	MIDDLE	XAMIN		ERTIFICATI	E OF DE		REG. NO.			
	W - 140 -		E OR PRINT)			F.		ı	ASI		20. DATE KI	ESTI-	ONTH DAT		2b HOUR
	PEET SOLES	3. SEX		CARLO 4. RACE	S DATE OF BIRTH		6 AGE (IN YEA	RS IF UNE	HNSON DER I YR. TIE UIN	DER 24 HRS.	2c. DATE		1 7	19 84. Y YEAR	M 2d. HOUR
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			RYLAND		U.S.A. WIDOWED DIVORCED Baltimore Ci  II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IVPEOF V FOR MOST OF WORKING LIVE)							tv		MD.	
		Ju C	TY OR TOWN	OF DEATH								WORK 12h KIND OF BUSINESS OR INDUSTRY			
		Baltimore rear - 3106 Woodland Ave.													
	AND 3	13a. 5	ARYLAND	A.A.	TY		OR TOWN		YES NO		REET ADDRESS	e Driv	e ·	214	01
	RE ATTROPE, MD RE ATTREDEATH S. GIVE PACES 1, 2, WITH FORM PR 3, E. PACES 107ND 2, DIVISION OF WITH	14. F	RIDGL		WIDDLE	JOHN	SON		15. MOTHER'S M.	LEMENT	MID	DLE		LAST	
		16a. V	VAS DECEASE	DEVER IN U.S. ARA	AED FORCES?	166. SOCIAL SECURI						ADDRESS	-8-	2:	1401
		1	HS .	0-10-	77,8-20-7	9 215	-78-35	29	RIDGLEY	JOHNS	ON 204	4 Gate		nnapo	34.3
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD." PENCIL IN ITEM 18. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WAS FOR ENAMENTAL PRACES AS HOULD BE USED AS A BURIAL. PRANSIT PERMIT AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE BALLIMORE, MARYLAND, 21201 PRIOR TO BURIAL, REMATAL HYGIENE	NO	gove ri	ns, if ony, which se to immediate stating the under-	(b)	AS A CON	SEQUENCE (	)F	nest (u	uspeci	ilea w	eapon			
	TAL RECORDS,  OUD BE EXECT  FOUR DENEMBLING,  HIEF MEDICAL I  USED AS A BURY  OF HEALTH AND  RIAL, CREMATIC		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).												
		CERTIFICATION	190. DATE OF	OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								20	20 AUTOPSY?  YES  NO	
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	ON ON THE CONTRACTOR ON THE CO		UNDERLYING CONTRIBUTI	OR NG CAUSE OF D	DEATH 1975	$\propto 1 - 7$	- 1984	Sub	ject was	s shot					
	CERT DED DED DEP 1 PR	MEDICAL	21d INJURY C	NOT WHILE	STORET SAC	OF INJURY TORY, FARM, ET	(AT HOME,	21f. LOC	ATION		CITY OR TOWN		COUNTY		STATE
	THIS WARR PAGE 2120		AT WORK	ATWORK	1	rear o	f		Woodla	nd Ave	., Bal	to.			Md.
	PORTE SATE		22a. I certify that I took charge of the remains described above, held on Autopsy X, Inspection . Inquiry . ond in my opinion												
	AAMI RTIFIC BE RECT		death result	ed from: Notur	ol couses,	Accident	LJ, Sui	cide 🔲,	Homicide C		termined mon	ner,			
	H, WA		ACTUAL SIGNATURE	AN	NOX	D		AA F	Assist	ant	DICAL EXAMIN	[	DATE 1	-7-84	
	NEW SET			Van	/	1		/٧١. [		MEL	ICAL EXAMI	NEK :	SIGNED		
	A SPACE A		EXAMINER'S (TYPE OR PRI	NT) Ann								Balto.,	Md.	21201	
		(5	230, BURIAL, CREMATION, REMOVAL 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OF TOWN COUNTY STATE												
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TO MEDICAL EXAMINER: THIS CERT EXECUTE THE CERTIFICATE, WRITING PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 SHAFER DEATH, WITH THE STATE DEPROBLATION OR. MARYLAND, 21201 PR			fy that I tack charged fram: Natu	h h	ouse	on <u>Autor</u> Suicide	005 N. Car  OSY X Inspecti  I Hamicide X  TITLE (SPECIFY)  A.D. Assistar  ADDRESS 111	rollton on . Inc	Ave.,	DATE	pinion ED <u>1-7-</u> 8	Md.
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PAGE TO PAGE		BURIAL	TION, REMOVAL	1/12/84	23t. NAME O	CEMETERY C	R CREMATORY	23d. LOCATH CITY OF TOW LATE	Sdown	Randy	Monthstow	varid.

20M 4/82



Ite	m 13c,d,e	49	rph. 2/2/84 - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE) REG. NO	0 1 1 5 0
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	Page 4	70.	BIRTHPLACE (STATE OR FOREIGN	B CITIZEN OF WHAT COUNTRY?	3 09 09	74 9. BALTIMORE CITY OF	YRS.
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BALTIMORE,	n and co Pages	160	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, C	ARMED FORCES? 166 SOCIAL SECU GIVE WAR OR DATES) 213/204	JRITY NO. 17. INFORMANT	ADDRE	
201 W. PRESTON ST., BAI	that the death certificate d by the attending physics lease remove carbon paper ial, cremation, or removal.		PART I. DEATH WAS CAUS	only ane cause per line far (a), (b), ar SED BY:  ATE CAUSE (a)  DUE TO, OR AS A CONSEQU  (b)  DUE TO, OR AS A CONSEQU  (c)	ONS Cell Ca of	lung:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 20	law requires ss been signe ermit. Then pl e prior to buri	CERTIFICATION		ation. Unai	DEATH BUT NOT RELATED TO THE TE	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
DIVISION OF VITAL RECORDS,	HYSICIAN: The Iding physician is certificate by burial-transit p Mental Hygien Actient Bishay	MEDICAL CERTII	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE PROPER	HOUR A.M. MONTH D	AY YEAR 19 211. LOCATION	YES NOW	
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	ATTEND obspital of ECTOR: A ed for use of of Health af Health af		saw the deceased alive o	pital) attended the deceased from an 1 - 1 9 19 19 19 19 19 19 19 19 19 19 19 19	, and that in (my) (aur) apinio	in death accurred an the da	. 19 , that (I) (we) last the and hour and from the causes stated
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	etained by the should be detained by the Should be detained the State IMPORTANT:		A . Mathew	E OR PRINT)	Leitheran	Hospitalili	30 Ashbuten Street.
	BP	230	SHRIAL, CREMATION, REMOVA	1/23/84 V	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	Y, MCQUNTY STATE
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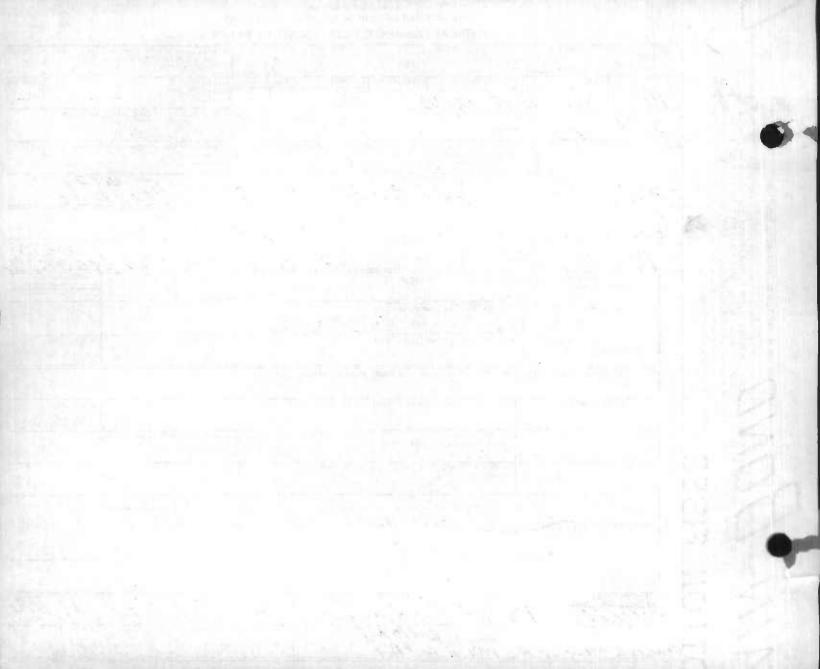
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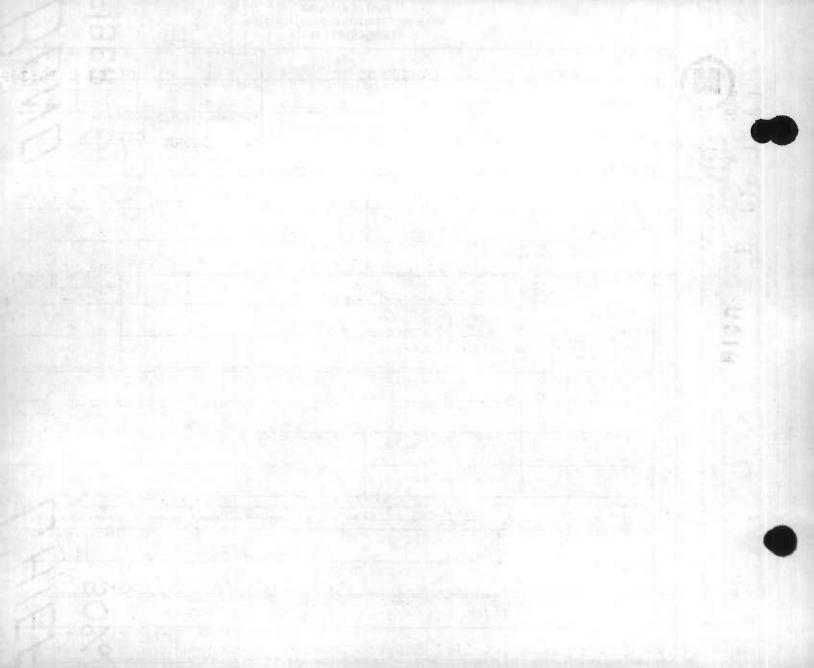
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	記事を見る	Ju.C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		STITUTION 12a U	JSUAL OCCUPATION (TYPE OF MOST OF WORKING LIFE)	PE OF WORK 126. KIND OF BUSINESS OR INDUSTRY
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2	SHOW THE PROPERTY OF THE PROPE		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	y one couse per line for (a), (b), and (				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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DIVISION OF VITAL RECORDS, 201 W. PRESTON	ULD BE EXECUTED WITHIN 241 "FENDING" IN PENCIL IN ITE FE ASDICAL EXAMINER AICH ED AS A BURIAL - TRANSIT PE HEALTH AND MENTAL HYGIE NI, CREMATION, OR REMOVAL	z	PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO CEATH BUT NOT RELATED TO	INE TERMINAL OISEASE OR CD	INDITION GIVEN IN PART 1 (8)		
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	SE S		220 I certify that I toak charge	e of the remains described obove, he	dan Autopsy D	Nospectian .	. Inquiry . a	nd in my opinion
	EXAMINO DE DIRECT WITH TO WARY LA		death resulted fram: Natur	ol causes . Accident .,	Suicide	Hamicide . Und	determined manner,	
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	ZHE SHE	1	SIGNATURE	V XV	M.D. A	ssistant M	EDICAL EXAMINER	SIGNED 1-7-04
	W S S S S S S S S S S S S S S S S S S S		EXAMINER'S NAME	M. Dixon, M.D.		ess 111 Penn	C+ Pal+o	MA 21201
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PROFES A SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE S BALTIMORE, MARYLAND,	22. 0	(TYPE OR PRINT) Ann		ADDR		LOCATION	o., Md. 21201
	101	230 8	PECIFY)	36 DATE 23c NAME	OF VEMELENT OR CRE	Pom 5	JIY OR TOWN	COUNTY
	BPTI	24 F	UNERAL DIRECTOR	-11-81	rupes c	25a. DATE REC'D.	BY REGISTRAR 256 REG	STRAR'S SIGNATURE
	DHMH - 17 (VR A15 ME (5))	11	NAME CONT 1	ADDRESS 1	11- 46 1	LO TXXIT	2 108/	ang Coulf
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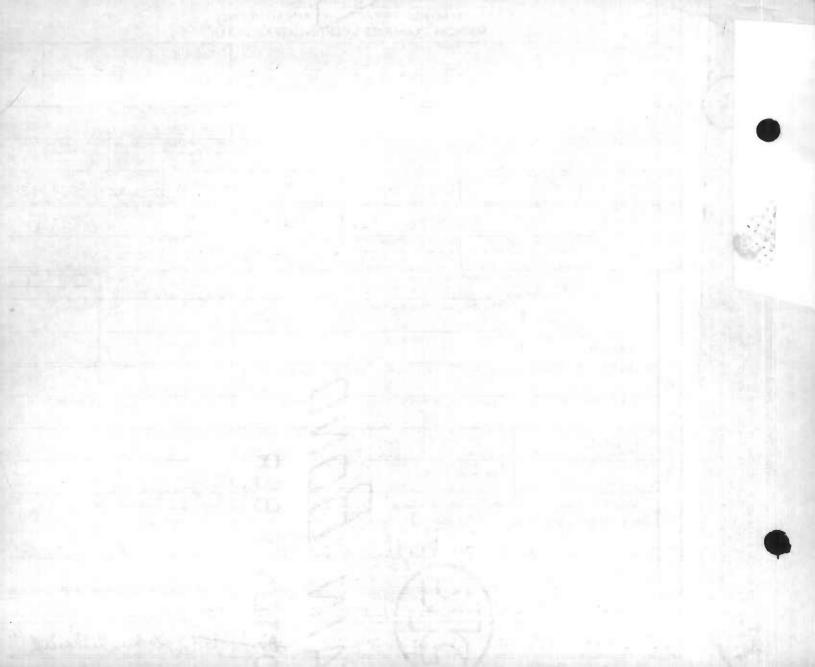
DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE KNOWN K DECEASED NAME 2b HOUR (TYPE OR PRINT) ESTI-DEATH MATED Jessie Johnson 19 84 4. RACE DATE OF BIRTH SEX & AGE (IN YEARS IF UNDER TYR. IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHOAY PRONOUNCED 3:36A DEAD BALTIMORE CITY OR COUNTY OF DEATH b. CHIZEN OF WHAT COUNTRY? 7a BIRTHPLACE MARRIED NEVER MARRIED DIVORCED Baltimore City WIDOWED II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET AGORESS) FOR MOST OF WORKING LIFE Baltimore University Hospital COUNTY 13d HISTOF CITY LIMITS 14. FATHER'S NAME MIDDLE AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND ALTH AND MENTAL HYGIENE, DIVISION OF VIT CREMATION. OR REMOVAL. WAS DECEASED EVERIN AL SOCIAL SECURITY NO. 5. ARMED FORCES YES, GIVE WAR OR DATES! DRIUNKNOWNI 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Smoke and soot inhalation and acrete carbon IMMEDIATE CAUSE SE (a) SHOKE AND SOUL Conditions, if ony, which xx monoxide intoxication gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A B CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 28 AUTOPSY? BURIAL, YES 🔲 NO X DEPARTMENT 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 2:37xx 3 1984 House fire 211 LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (ATHOME STREET, FACTORY, FARM, ETC.) COUNTY STATE AT WORK AT WORK 823 W. Cross St. Md. home Balto. Inspection X 22s I certify that I took charge of the remains described above, held on Autopsy Inquiry TO MEDICAL EXAMINI
EXECUTE THE CERTIFIC
PAGE 4 SHOULD BE F
TO FUNERAL DIRECTO
AFTER DEATH, WITH THE
BATTIMORE, MARKUAN Notural couses Undetermined monner TITLE (SPECIFY) M Deputy Chief EDICAL EXAMINER SIGNED 1/3/84 SIGNATURE EXAMINER'S NAME ADDRESS 111 Penn St. Thomas D. Smith, M.D. Balto., MD. (TYPE OR PRINT) CREMATION, REMOVAL 236. DATE 23d. LOCATION -BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 23b. REGISTRAR'S SIGNATUR **DHMH - 17** (VR A15 ME (5)) Chareles L. Stevens

20M 4/82





20M 4/B2



CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIEN

FOR

- STATE

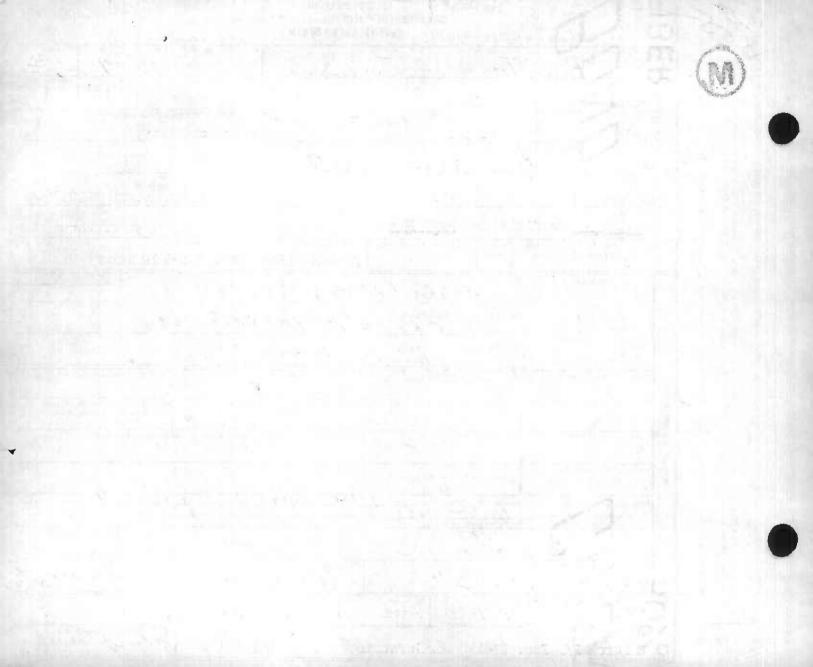
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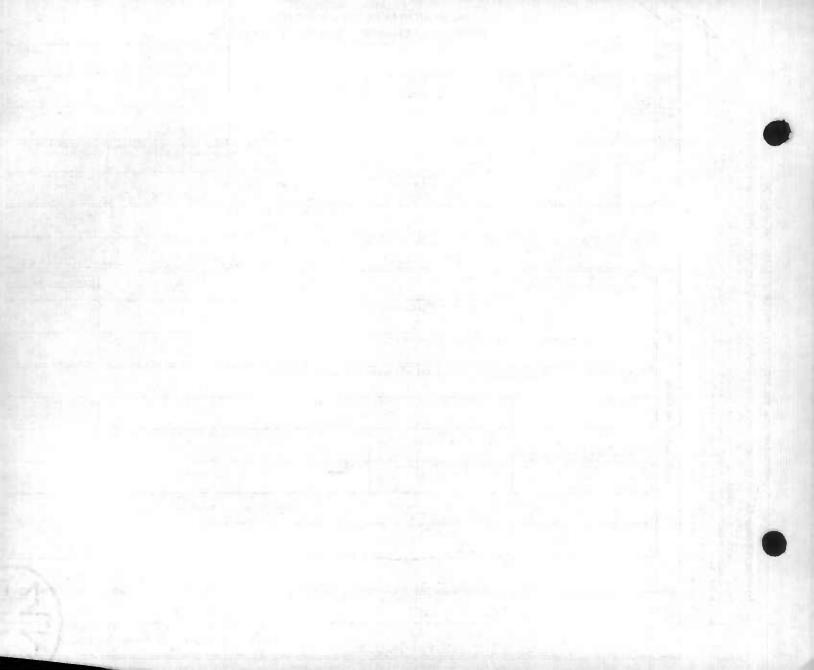
- X Sti	FOR - STATE	AFDICAL EVAMINED/S CERTIFICATE OF DEATH								
	REGISTRAR DECEASED NAME FIRST (TYPE OR PRINT)	WIDDIE	LAST	20. DATE KNOWN MO	INTH DAY YEAR 26 HOUR					
	Robert Hen	5. DATE OF BIRTH 6. AGE (IN NONTH DAY YEAR LAST BIRTH	Johnson, Jr	R 24 HRS. 2c. DATE MOP	7.34					
	Male Black BIRTHPLACE (STATE OR MARY TIAN d	76 CITIZEN OF WHAT COUNTRY?	YRS. NEVER MAR	DEAD  9. BALTIMORE CITY OR CO	UNITY OF DEATH					
W = 7 S // / -	CITY OR TOWN OF DEATH	USA •  11. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS	WIDOWED DIVOR	DEALTIMOTE  120 USUAL OCCUPATION (TYPE OF WO FOR MOST OF WORKING LIFE)						
	STATE 136. COUN		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS						
	FATHER'S NAME	Balto.	YES NO L	DEN NAME MIDDLE	Ave. 21215					
BALTIMORE, S. AFTER DEAT GIVE PAGES IVISION LANGES AND	(YES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)  MED FORCES? WAR OR DATES)  215-74-3	(50	Johnson ADDRESS						
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OF VITAL RECO	19a. DATE OF OPERATION	196. CONDITION FOR WHICH OPE			20. AUTOPSY?  YES   NO □					
INNER: THIS CERTIFICATE SHOULD BE EXECTIONER. WRITING THE WORD "PENDING" FORWARDED TO THE CHIEF MEDICAL.  TOOR: PAGE 3 SHOULD BE USED AS A BURTH AND, 21201 PRIOR TO BURIAL, CREMATIN AND, 21201 PRIOR TO BURIAL, CREMATING	210 EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 210 INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME,	84 Subject sho							
ESASE	AT WORK AT WORK	stairwell  ge of the remains described above, held on,	753 Lennox		Md.					
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATER DEATH, WITH THE ST. BAATTIMORE, MARYLAND, 2		Accouses . Accordent	Hamicide X	Undetermined manner ,	ATE 1/31/84					
O MEDIC GECUTE TI AGE 4 SP FTER DEA	EXAMINER'S NAME (TYPE OR PRINT)	THOMAS D. SMITH,	M.D. ADDRESS 11	l Penn St. Balt	o, Md.					
BP	BURIAL, CREMATION, REMOVAL (SPECIFY)  Burial FUNERAL DIRECTOR		us Mem. Park	23d LOCATION CITY OR TOWN Balto. H.C.  REC'D. BY REGISTRAR 25b REGISTRAR						
DHMH · 17 (VR A15 ME (5)) 20M 4/82	NAME	Funeral Ser, P.A	The second second second		2. Cowief					

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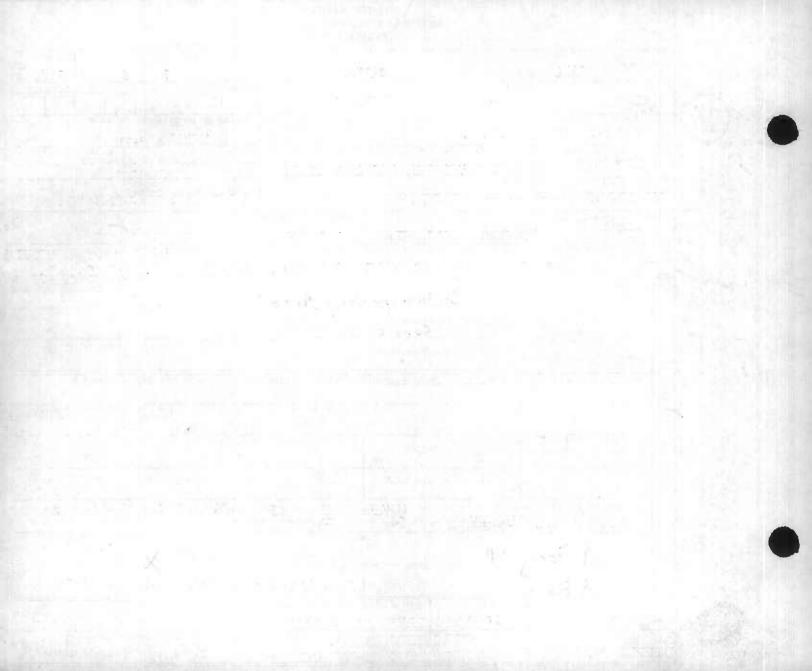
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1		CEASED NAME FIRST	MIDDLE	-	LAST	20. DATE OF DEATH MONTH DAY YEAR 26. HOUR
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	3. SE	(	4 RACE	5. DATE	OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 MONTHS DAYS HOURS
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h. Po ol di	7a. B!	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	MARRIE	D A NEVER MARRIED	9 BALTIMORE CITY OR COUNTY OF DEATH
death.	_	aryland	U.S.A.	WIDOW	ED DIVORCED	Baltimore City,
by the filed with	13	TY OR TOWN OF DEATH  BALTIMORE	RIF NOT IN SUCH FACILITY, C	GIVE STREET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE)  12b. KIND OF BUSINESS INDUSTRY
filled in auld be		AL RESIDENCE (IF NURSING HOME OF ITATE 136 COUNTY)		or town Ltimore	YES NO NO	130. STREET ADDRESS / ZIP CODE 1903 Harlem Avenue 21217
othin 2 sh	14. FA	THER'S NAME	dation a Cla	AST	15. MOTHER'S MAIDEN	
ond bro		Wayfield Ray	ield G	podmond	Florence	ce Creteton
n and cg Pages(I		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOC	IAL SECURITY NO.	17. INFORMANT	ADDRESS
re be endiction of the meanth.		NO			Amanda Mil	Les 1605 Rosedale Street
w requires that the seen signed by the rich please re rich to burial, cret in y injury, an atheir	CERTIFICATION	cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT (		FOR TO DEATH BU	T NOT RELATED TO THE TON WAS PERFORMED	TERMINAL DISEASE OR CONDITION GIVEN IN PART Training STATE OF THE STAT
n. n. perm	FIC					IN CERTIFYING CAUSES OF DEATH YES NOTE YES NOTE
HYSICIAN: The right of the state of the stat	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINED	HOUR A.M. MON	NTH DAY YEAR 19	21c. HOW INJURY OC	CURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)
or attent After this e as the faith and marked a	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTOR	RY, OFFICE, FARM, ETC )	STREET	CITY OR TOWN COUNTY STA
H S S		220.1 certify that (I) (this hospi saw the deceased alive an abave, (I) (we) (did) (did no	1.14	19 & K	ind that in (my) (aur) api	nian death accurred an the date and haur and from the causes state
		22b. SIGNATURE	II) view the body diter ded	10.	DEGREE	22c. DATE SIGNED
the hosping at DIRECTION of the DIRECTION of the Dept. of the Dept. of the Direction of the		A. SIGNATURE	pollie		ATTENDIN PHYSICIA	IG _ MEDICAL _ STAFF _
RAL DI RAL DI State De		224 PHYSICIAN'S NAME (TYPE O	profile SEPRINI) SiDA	lei	ATTENDIN	IG MEDICAL STAFF
0 8 0 80 =		224. PHYSICIAN'S NAME (TYPE C	1. si DA		ATTENDIN PHYSICIA 22e ADDRESS	Lyunge te Ll Cleulis u



20M 4/B2



THE STATE OF THE S	1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND TEALTH AND MENTAL HYG TCATE OF DEATH	IENE B	0	1	6 0
n =		CEASED NAME	FIRST		MIDDLE		AST .	20. DATE OF DEATH	MONTH D	AY YEAR	26. HOUR
may be page 3		171					LIFFE			8 84	3:00 a
4 85	3. SE	X IALE		4 RACE WHI'	TE	5. DATE O	7/1891 YEAR	6 AGE (IN YEARS LAST B	M	WE UNDER 1 YEAR	HOURS MIN.
deoth. Page	тв WE	STATE OF STA	OREIGN VIA	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWI	DXX NEVER MARRIED	9. BALTIMORE CITY	ORE CT		
offer de		TY OR TOWN OF DEA	ТН	( IF NOT IN SUC	H FACILITY, GIVE STREET	G HOME (	DROTHER INSTITUTION /LAND 21218	170 USUAL OCCUPA HYPE OF WORK FORMOST ELECTRIC	ION	12b. KIND C	OF BUSINESS OR
24 hours	USU 13a M	AL RESIDENCE (# NURS STATE ARYLAND	NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFORE 131. CITY OR TOW BALTIMO	ADMISSION)	13d. INSIDE CITY LIMITS?	13° STREET ADDRESS			21230
2 sh	14. F	ATHER'S NAME	1				15 MOTHER'S MAIDEN NA				
p de o		CHARLES		DWARD	JOLLIE	नम	SALLY	MIDDLE	ANDEVO	יאו בייים ר	ST
xecut nd con ges 1		WAS DECEASED EVER	IN U.S. ARA	MED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDI	RES\$ 663	MODUI	HBOURNE
Pogo E	Y	YES, NO OR UNKNOWN)	WW GIVE	WAR OR DATES)	235 03	2013	A VELMA L.	JOI.I. TEFE		BALTO	MD.
equires that the death certifica in signed by the attending phys. Then please remove carbon pay r ta burial, crematian, ar remove injury, or ather traumatic event,	NOI	Conditions, if ony, gove rise to imm couse (o), statin underlying couse	which nediote g the last.	(b)	r as a conseque	NCE OF	NOT RELATED TO THE TERM		NDITION GIVE	N IN PART 1	01
The law range. In permit. It permit.	CERTIFICATION	19a. DATE OF OPERAT		19b COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
PHYSICIAN: T ending physici this certificate to burial-transi ad Mental Hygi d or Item 18 sh		21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION	AUSE OF DEAT		FINJURY M. MONTH DA M.	Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	URY IN ITEM 18 PAI	RT 1 OR PART 2)	
G Ph atten the ond ked o	MEDICAL	21d, INJURY OCCURR  WHILE NOT WH AT WORK AT WOR	LE 🗍	21e. PLACE	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC }	21f. LOCATION STREET	CITY OR T	OWN	COUNTY	STATE
TO HOSPITAL OR ATTENDIN retained by the hospital or of TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept of Health MAPORTANT: If hem 21 is more		22a. I certify that (X) sow the decease above the (we) Id 27b. SIGNATURE 22a. PHYSICIAN'S NA	(this hospited alive on id) (ghdyngt	JANEUS R	e deceosed from	8401	DEGREE  ATTENDING PHYSICIAN  27e. ADDRESS  3900 Loch Ra	MEDICAL STA	date and hour	22c. DATE 1-9-	SIGNED
	23a. E	SURIAL, CREMATION, I	REMOVAL	735 DATE			EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN		COUNTY	STATE
BP		BURIAL		1/10/			OD CEMETERY	PARKVII		LTO.	MARYLA
DHMH - 16 50M 4/83 (VRA 15, 4)		INERAL DIRECTOR PPEL FUNE	ERAL	HOMES	7110 BALTIMO		RD.	N 9 1984	25b. REGISTR	AR'S SIGNAT	Court



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FOR STATE REGISTRAR

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REG.	NO.

		REGISTRAR			TERTE OF BERTH	REG. N	10.		
		CEASED NAME BERT	MIDDLE		JONES	2a DATE OF DEATH	MONTH /	8- 84	1 SSPM
	3. SE	X	4 RACE		OF BIRTH	6 AGE (IN YEARS LAST BE	RTHDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
1		Female	Black	MONT	10 25	58	YRS.	MONTHS DAYS	HOURS MIN.
M		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	OUNTRY? 8. MARRIE		9 BALTIMORE CITY		Y OF DEATH	
Ų		V. Carolina	U.S.A.	WIDOW	ED DIVORCED	Baltimo	re C	ity	MD.
V	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME		12a. USUAL OCCUPAT	ION	12b. KIND C	OF BUSINESS OR
0	F	Baltimore	LU TheraN	HOSP 172	I DF MA	(TYPE OF WORK FOR MOST	OF WORKING L	INDUSTRY	
1	USU, 13a. S	AL RESIDENCE (IF NURSING HOME O	R OTHER INSTITUTION GIVE RESIDE	NCE BEFORE ADMISSION)	1136. INSIDE CITY LIMITS?	13e. STREET ADDRESS		212	1 7
2		Maryland	The state of the s	timore	YES X NO	827 Arli			
1	14. FA	ATHER'S NAME			15. MOTHER'S MAIDEN N.	AME	II CO		
Ü		John		tiway	Minnie	MIDDLE		D o s	vis
1		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOC	IAL SECURITY NO.	17 INFORMANT	ADDR	ESS	Da	VIS
		YES, NO OR UNKNOWN) {IF YES, GI	ve war or dates) 219	-10-681	2 James Jon	nes 827 Ar	ling		
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line far (a	), (b), (c)	1	10		BETWEEN	MATE INTERVAL ONSET AND DEATH
			TE CAUSE (a)	KUN	OLO GRAL	SNOCI	4		
		4/00	DUE TO, OR AS A CO	NSEQUENCE OF	100-				
		Canditions, if any, which gave rise to immediate	(b)	A	we our	Orion Myc	Carde	al	
		cause (a), stating the	DUE TO, OR AS A CO	NSEQUENCE OF	. 1	101	wan	out .	
			(c)	170	remi V	100rd Oliv	200		
	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	ING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GI	VEN IN PART 11	a,
2	CERTIFICATION	19a DATE OF OPERATION	LINI CONDITION FOR						
	FICA	THE OF OPERATION	196 CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	IN CERTI	S, WERE FINDIN IFYING CAUSES	OF DEATH?
2	ERTI	210. ACCIDENT WAS UNDERLYING	7 216. TIME OF INJURY		21. HOW BILLIPY OCCU	YES NO		ES 🗌	NO 🗌
		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	RY IN ITEM 18	PART   ORPART 2)	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE)		19	21/ 10 0 17/0 1				
	ME		(AT HOME, STREET, FACTOR	r, OFFICE, FARM. ETC.)	21f LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE
		AT WORK AT WORK							
		220.1 certify that (1) (this cause the decreased give on	1 0		, 17 5 2	, to B		19 64.	that (1) (we) lost
		obove, (II-(ww) Idid) Always	t) view the body after deat		nd that in (my) (aur) apinion	death accurred an the d	ate and hau		
		77h SIGNATURE	N		DEGREE	MEDICAL STA		22c. DATE	SIGNED
1		22d. PHYSICIAN'S NAME (TYPE)		12	PHYSICIAN	DIRECTOR PHYSIC	IAN	1 -	8-84
		C. S. NAI	RI M. D		SO 10	YORK R	1.	BAU.A	up 2120
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	1234 NAME OF C	EMETERY OR CREMATORY	236 LOCATION			
	1	SPECBURIAL	1/13/84		nore Cemete	4.00.00	ore	COUNTY	Md.
		JNERAL DIRECTOR			25a. DA	TE REC'D. BY REGISTRAR		TRAR'S SIGNATI	2 24 1 100
	Wm	C March F/H	Inc. 1101	E North	Avenue	AN 9 1984	115	and	While
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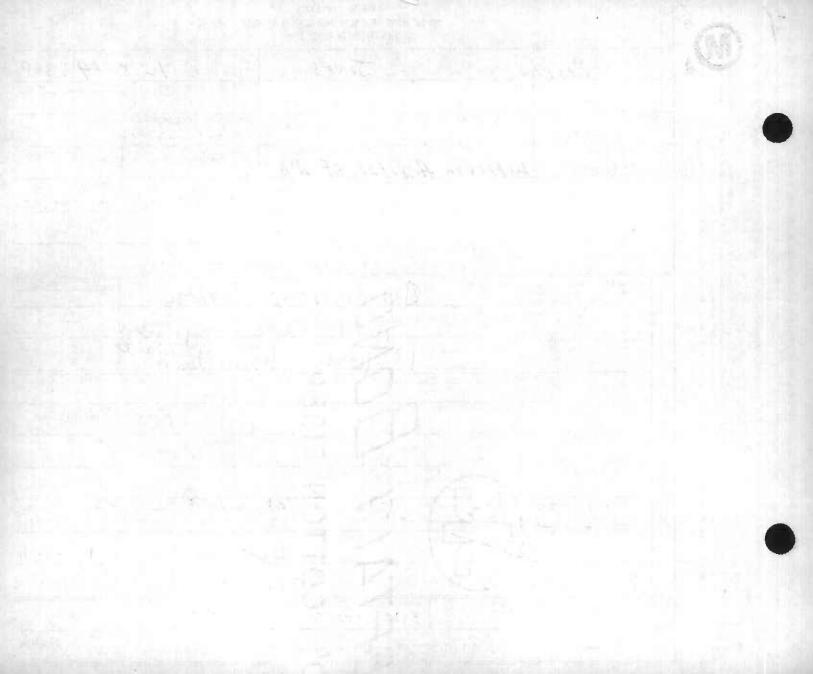
BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by should be detached for use as the burial-transit permit. Then please with the State Dept. of Health and Mental Hygiene prior to burial, cr

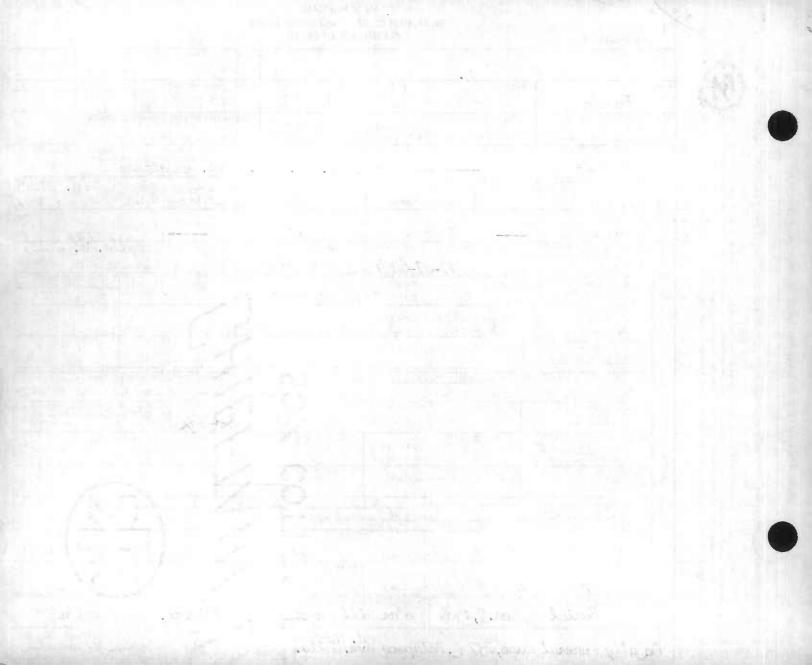
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TO HOSPITAL OR ATTENDING PHYSICIAN: The

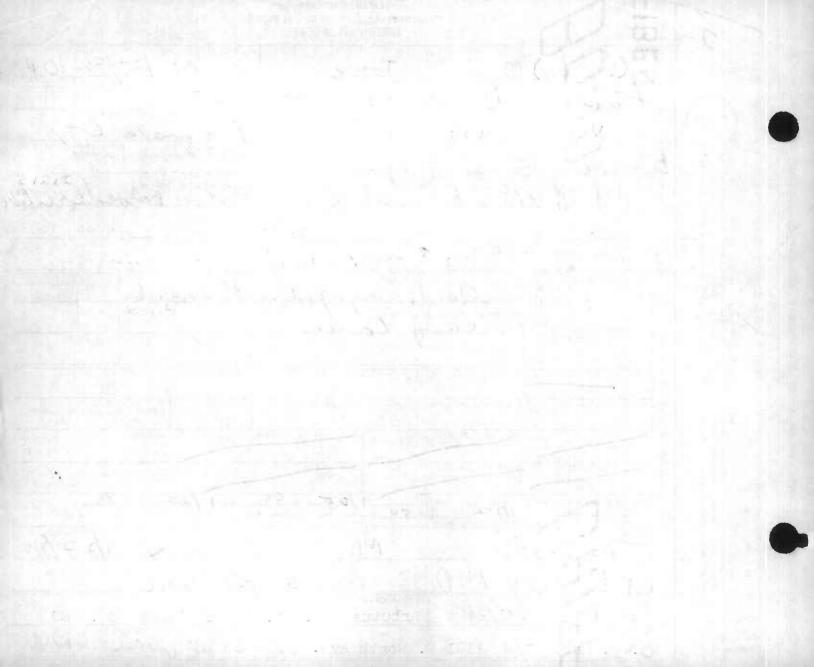
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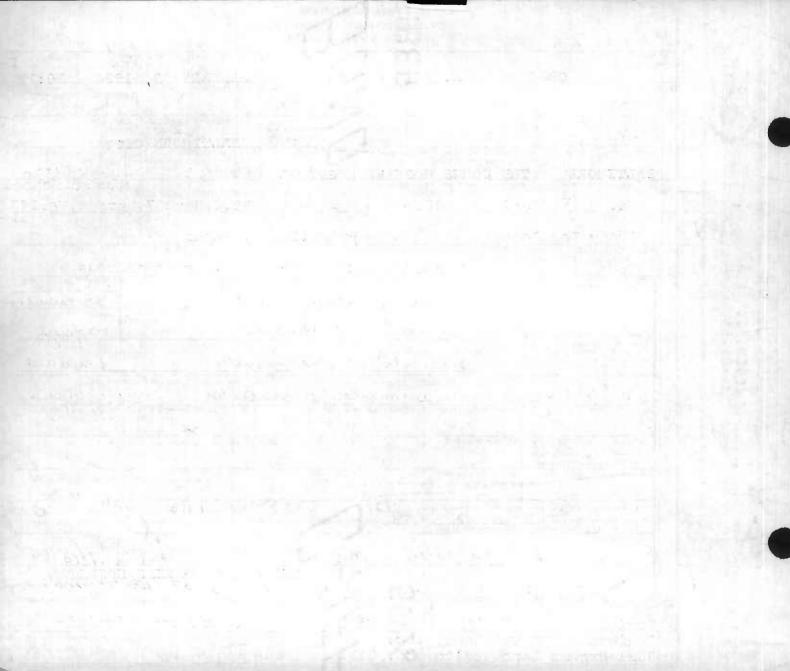


A B	1.	FOR STATE REGISTRAR		DEPART	MENT OF HE	OF MARYLA ALTH AND A CATE OF D	MENTAL HYG		0	1022-0	6 3
4	1 DEC	EASED NAME FIRST		MIDDLE	(A			REG. N		DAY YEAR	2b. HOUR
2 XX		DEPTIL		M		NES		LIAN	1	84	QP.
to (NA)	3. SEX	1001-110	4. RACE	111.	5. DATE O	- 40		6. AGE (IN YEARS LAST BI		IF UNDER 1 YEAR	IF UNDER 24 HRS
7 3/6		Female	0	AUCASIAN	D4	OS	O G	77	YRS.	MONTHS DAYS	HOURS MIN.
P. P. P.		THPLACE (STATE OR FOREIGN		WHAT COUNTRY?	B. MARRIED	□ NEVER A	AARRIED 🗆	9. BALTIMORE CITY		OF DEATH	100
Jeorth Jin 7		VIRGINIA	UNITE	-	WIDOWE	DIN DIN	ORCED	BALTIMO		CITY	М
by the fullied with	, 1	ORTOWN OF DEATH  BALTIMURE	(IF NOT IN SUI	HOSPITAL, NURSING FACILITY, GIVE STREET	outh 1	ROTHER INST Balto. G	- 11	120. USUAL OCCUPAT (TYPE OF WORK FOR MOST D. Ret. Jec	OF WORKING LIFE	E) INDUSTRY	F BUSINESS OF
24 hour	13a. S	L RESIDENCE (IF NURS IN INCIDENCE TATE	ROTHER INSTITUTION	136. CITY OR TOW	/N	13d. INSIDE CI	ITY LIMITS?	130. STREET ADDRESS	- HIL		d. 2122 AD : BA
d within a pletely f	7	THER'S NAME FIRST	WIDDLE	BURTO		15. MOTHER'S	MAIDEN NAM	-	- 1710	(AS)	T PC
adicol		AS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	140	17 INFORMA	1 ., .,	ADDR	ess Bo	ito. Md.	. 21225
Pogar. Pogar	1	NO		217-07-	6254	LINDA	+ 1312A	NPT 0	3- CED.	AR HIL	c Road
been signed by the comit. Then please remains to burial, cremain only injury, or other tr	CERTIFICATION	gove rise to immediate couse (a), stating the underlying cause tost.  PART 2. OTHER SIGNIFICANT  PUEUMONIA  19a DATE OF OPERATION	CONDITIONS C	ONTRIBUTING TO	DEATH BUT	EAST	CARO	INAL DISEASE OR COP	CONG	EN IN PART 110	HEAR
- C 00 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	TIFIC	THE OF STEEL	178.00					XES TO NO	IN CERTIF	YING CAUSES	
HYSICIAN: The nding physicio phis certificate by burial-transit discontinuity disconti		216, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	HOUR A	OF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW IN	JURY OCCURE	RED (ENTER NATURE OF IN)	URY IN ITEM 18 P.	ART I OR PART 2)	
offendin iter this of sthe bur h and Me	MEDICAL	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE.	FARM, ETC )	21f. LOCATIO	N	CITY OR T	OWN	COUNTY	STATE
ATTENDII spitol or CTOR: A d for use . of Heold		220.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did n	n i/1	19	84, on		, 19 <u></u>	, to/ death accurred on the c		r and from the	
SPITAL OR AT LENAL DIRECTOR DE de defached for State Dept. of ANT: If hem?		226. SIGNATURE	Ledren	1 ma	reas	F	TTENDING PHYSICIAN	MEDICAL STA	AFF CIAN 🔂	22c. DATE	SIGNED
TO HOSPITAL of the cetained by the TO FUNERAL I should be deto with the State I MPORIANT: If		TLORANTE	RICHA				H BAL	7	EW.	HOSPIT	AL
BP	(	URIAL, CREMATION, REMOVA SPECIFY Burial	236. DATE Jan. 5		name of ce	METERY OR C	netery	Ballenno		Maryl	
DHMH - 16 50M 4/B2	24 FL	NERAL DIRECTOR  Willy Funeral	Home 23	7 & PODRYS	naco A	d.21221 ve.Bal	1 2 4	N 4 1984	25b. REGISTI	RAR'S SIGNAT	shield



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO I DECEASED NAME MIDDLE 20 DATE OF DEATH MONTH 25 HOUR (TYPE OR PRINTY BOBBLE IF MINDER I YEAR DATE OF BIRT AGE (IN YEARS LAST BIRTHDAY) IE LINDER 2 3. SEX RACE MONTH BIRTHPLACE ISTATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY NEVER MARRIED COUNTRY 0- " DIVORCED WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY, USUAL RESIDENCE IN NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP, COD M FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST ANIDD18 LAST MIDDLE Jones Doctor Jones Luellen In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) (IF YES, GIVE AR OR DATES) 231-44-7864 Curtis Jones 3401 Franklin 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o), stating DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NOF ACCIDENT WAS UNDERLYING 2 LA TIME OF INJURY 21 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TO PART 1 OR PART 2) 00 HOUR AM MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 214 MILIRY OCCURRED 2H-LOCATION LI PLACE OF INJURY ö CITY OR TOWN COUNTY STATE TORY, OFFICE, FARM, ETC.) AT WORK AT WORK 22a.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on_ 84 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (I) (we) (did) (did not) view the body ofter death 77k SIGNATU DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN 774 PHYSICIANS MAARE CHANGE OF THE 22e. ADDRESS 25 23a. BURIAL, CREMATION, REMOVAL 366 DATE 23c. NAME OF CEMETERY OR CREMATOR MA LOCATION Burial COUNTY Baltimore Arbutus Mem. Pk. Co. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE DHMH - 16 50M 4/83 1101 E. North Ave. Wm. C. March F/H (VRA 15, 4)

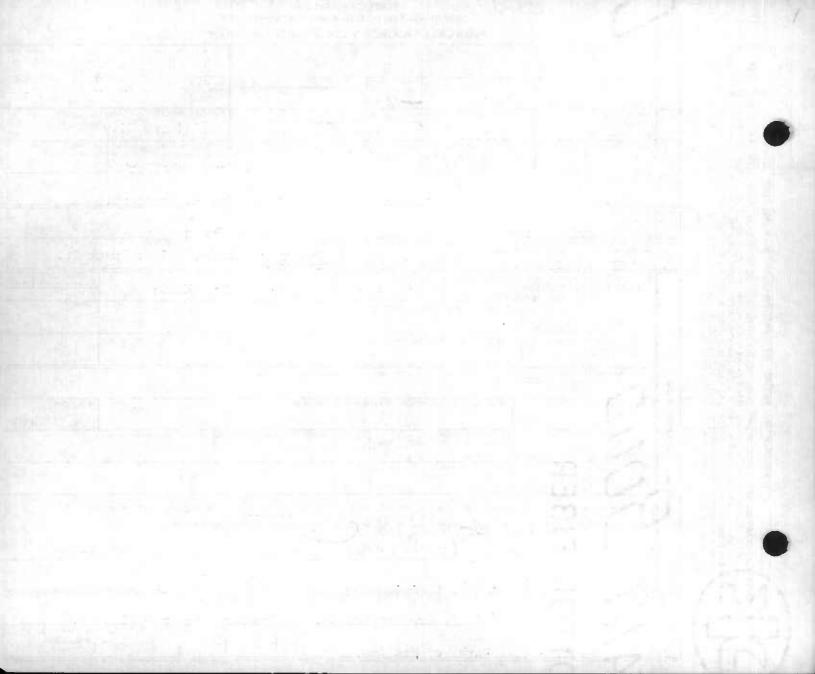




	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	REG. NO.	1 1 0 0
0/1		CEASED NAME FIRST		WIDDLE	JONE	AST S	20. DATE OF DEATH MONTH	3 84 2 SF.
XX:	3. SE		4. RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
1		Female	White	9	Apr	11 16. 1902	81 yr:	MONTHS DAYS HOURS MIN.
1 e		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CITY OR COUN	
100		COUNTRY) MD	L	ISA	WIDOWE		Baltimore C	ity MD
Offine of within	10. C	Baltimore	(IF NOT IN SU	HOSPITAL, NURSING FACILITY, GIVE STREET	ADDRESS)	Home	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Phone Opera	126. KIND OF BUSINESS OR
ould be fil	USU 13a.	AL RESIDENCE (IF NURSING HOME O STATE 13b. COU	ROTHER INSTITUTION		E ADMISSION)	13d. INSIDE CITY LIMITS? YES X NO	130 STREET ADDRESS 505 E. 43rd	
and 2 sh	14. F/	Thomas	MIDDLE	Lyncl		15. MOTHER'S MAIDEN NA FIRST Unknown	MIDDLE	LAST
Pages		WAS DECEASED EVER IN U.S. A	RMED FORCES?	166. SOCIAL SECL	IRITY NO.	17. INFORMANT	ADDRESS	
S. Poge		No		213 03	6404	William A.	Jones,	Same
ovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one couse per ED BY:			RREST .	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rem		4292 IMMEDIA	TE CAUSE (0)	ARDIA				
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hen ple to burio ilury, or	N	PART 2. OTHER SIGNIFICANT	CONDITIONS	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 100
ony ii	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
I-tronsit		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING ] CAUSE OF DE	HOUR A	M. MONTH D		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)
Mentol-	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED		M. OF INJURY	19	21f. LOCATION		
ond	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE,	ARM, ETC )	STREET	CITY OR TOWN	COUNTY STATE
mort		22a.1 certify that (1) (this bose	atom ottended/th	demased from		5/13/188	10 // 2	that (I) (APR) last
or us		saw the deceased plive a above (lylwe)(did) (did n		2 /	4.0	nd that in (my) opinion	death occurred an the date and l	nour and from the causes stated
hed f		22b SIGN TURE	at the bady	after death.	0.0	DEGREE		22c. DATE SIGNED
detacl of Date D		Mony +	Lar	0330	MI		MEDICAL STAFF DIRECTOR PHYSICIAN	1/3/84
should be del with the State		PAThery	F CAS	ROZZA		6000 Bella	ONA AVE BAT	16 m d 2 12 12
F & 3 3	23a.	BURIAL, CREMATION, REMOVA				EMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	24.5	Burial	1/5/8			n Park	Balto.	MD.
50M 4/82	Z4. F			Jenkins		13 CO. 1 14	TE REC'D. BY BEGISTRAR XLYRED	STRAR'S SIGNALDRE
15, 4)		4905 York Ro	oad Ba	ito., ME	) 21	212	V	

ESTRICT STATE HOSENSTATE BOOK amoral pritarioral becommon a capitalitical 5(8) E. 48 608 Et. 121212 A THE CO. SIDE WILLIAM A. LONGE D. STE TRAPPINEZ MATTER REALPH TO THE STATE OF THE PERSON OF THE PROPERTY OF Provide the second seco dept. Vans Food Bellos, Ivi na1212

X	- STATE	.1mG588 2/			HEALTH		Q	0 1	1 6	1
1	REGISTR T. DECEASED (TIPL OR HEN)	NAME FIRST	IAVE	MIDDLE	IEK 2 C	LAST	20. DATE KNOV OF EST	EG. NO.	DAY YEAR	2b. HOUR
Table 1	T SEX	FRA	S. DATE OF BIRTH	& AGE (IN Y		IDER 1 YR. IF UNDER	DEATH MAT 24 HRS. 2c DATE	ED □ 1-24	-84 ₁₉	M 2d. HOUR
A CENTRAL PROPERTY OF THE PROP	Male 7s Balteria	Black	2/21/23	5960	rs.		PRONOUNCED DEAD	1-24	19	7:20F
S S S S S S S S S S S S S S S S S S S	Charano	ora Tenn.	U.S.	A.  SPITAL, NURSING HOM	WIDOW		Baltim	ore City		MD.
FELAY IS TO THE I	Baltin	ore	Johns	HOPRY NET 1908	pital	ER INSTITUTION	FOR MOST OF WORKING LI	FE)	OR INDUSTR	\$Y
ANY O ANY O ANY O ANY O SECOND	13e STATE	INCE I IF IN NURSING HOME		13c. CITY OR TOWN Baltimore	ION)	13d. INSIDE CITY LIMITS? YES WO []	13e. STREET ADDRESS 2203 E. P	ratt St	11231	
AATH PWA3	14. FATHER'S	NAME	MIDDLE	LAST		15. MOTHER'S MAIDI	EN NAME MIDDLE		LAST	
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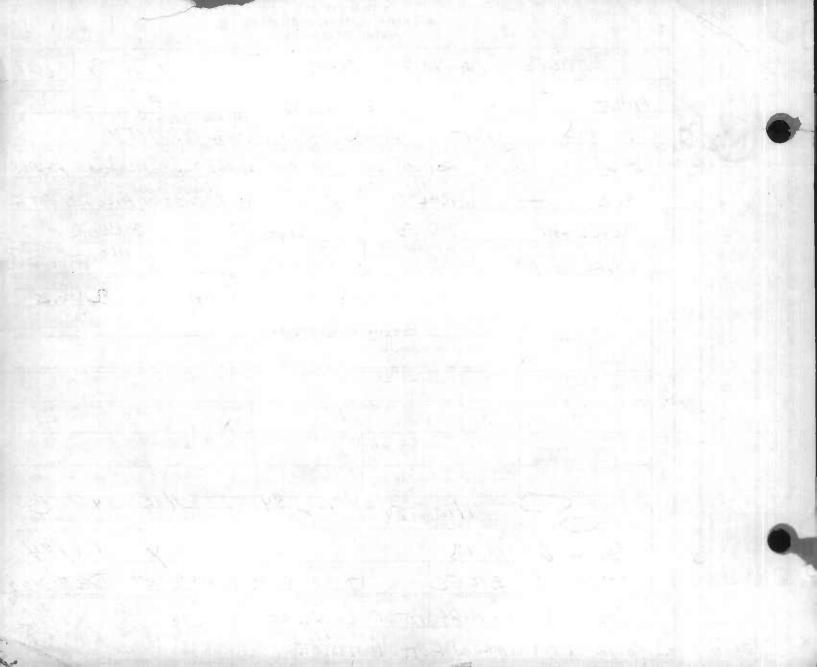
executed within 24 hours

TO HOSPITAL STATENDING PHYSICIAN: The law requires that the death certificate be retained by the hospital or attending physician.

	1 -	FOR STATE REGISTRAR			CERTIF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. NO		Richmont	6 3
1		CEASED NAME FIRST OR PRINT)		AIDDLE		LAST	20 DATE OF DEATH	YAD HTMOM	YEAR O1	2h. HOUR
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1	3 SE	x Ma <b>le</b>	4 RACE Whi	te	S DATE (	OF BIRTH  DAY YEAR  12 OL	6. AGE (IN YEARS LAST BIRT		UNDER 1 YEAR	HOURS M
19		RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF V	WHAT COUNTRY?	8 MARRIE WIDOW	ED NEVER MARRIED DIVORCED	Baltimore CITY O		FDEATH	
0	10 C	Baltimore	3939 H	HOSPITAL, NURSIN HEACILITY, GIVE STREET OLAND AVE	ADDRESS)	OR OTHER INSTITUTION Apt 409 21211	176 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Retired		12b. KIND O	F BUSINESS
35	13a S	AL RESIDENCE (IF NURSING HOMESTATE 1136 CC	E OR OTHER INSTITUTION, DUNTY	Baltimor	'N	134 INSIDE CITY LIMITS? YES NO	3939 Rolan	d Ave.	Apt L	09 2:
300	14 FA	ATHER'S NAME FIRST Jasper	WIDDIE	Jones		15 MOTHER'S MAIDEN NA. FIRST	ME MIDDLE UNKNOWN		LASI	
1	16a V	WAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? GNE WAR OR DATES)	215-10-5		17 INFORMANT Robert Jones	500 Indiana	SS.E.	Apt. C	8710
		underlying cause last								
any injury.	NOI	PART 2 OTHER SIGNIFICAN	(c) IT CONDITIONS CO	natributing to 1	DEATH BUT	T NOT RELITED TO THE TERM	INAL DISEASE OR CONI	DITION GIVEN	IN PART 110	1
9	TIFICATION		d	nabete	IM	T NOT RELATED TO THE TERM  TO WAS PERFORMED	1 -	7 1/2	VERE FINDIN	IGS USED
9	CAL CERTIFICATION	PART 2 OTHER SIGNIFICAN	IN CONDI	Tabete ITION FOR WHICH FINJURY M. MONTH D	2 M	DN WAS PERFORMED  21c. HOW INJURY OCCUR!	ZO AUTOPSY?  YES NO	20h. IF YES, W IN CERTIFY IN YES [	VERE FINDING CAUSES	IGS USED OF DEATH
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RORTANT: If Item 21 is marked or Item 18 shows any injury, or		PART 2 OTHER SIGNIFICAN  190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (WEITHER, NOTIFY MEDICAL EXAMIN  210. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK  220.1 certify that (1) (this ha	21b. TIME O HOUR A., HER) 21c. PLACE (AT HOME. STR. ON 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	FINJURY M. MONTH D.  OF INJURY	OPERATION  AY YEAR  19  HARM, ETC.)	21c. HOW INJURY OCCURI	YES NO CITY OR TOW	TOD. IF YES, WIN CERTIFY IN YES [ IN THEM 18, PART  IN THEM 18, PART  IN THEM 18, PART  IN THEM 19, PA	VERE FINDING CAUSES  1 OR PART 2)  COUNTY	STATE

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_	The state of	10. CI	Y OR TOWN OF DEATH	(IF NOT IN SUC	CH FACILITY, GIVE STREE	NG HOME OR	OTHER INSTITUTION	120 USUAL O	CCUPATION FOR MOST OF WORK	ING LIFE) IND	UŞTRY	BUSINESS OR
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05, 201 W. PRESTON ST., BAI	juines that the death certificate sgreat by the attending physic on plette remove curban page to build, cremation, or removal jury, an other fraumatic events.	N	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA)  4 300  Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT (	D BY: TE CAUSE (o)  DUE TO, O  (b)  DUE TO, O  (c)	R AS A CONSEQUENCE AS A CONSEQUENCE OF THE PROPERTY OF THE PRO	JENCE OF JENCE OF	Anewysin	rminal disease	OR CONDITION		?	ANTE INTERVALI NET AND DEATH
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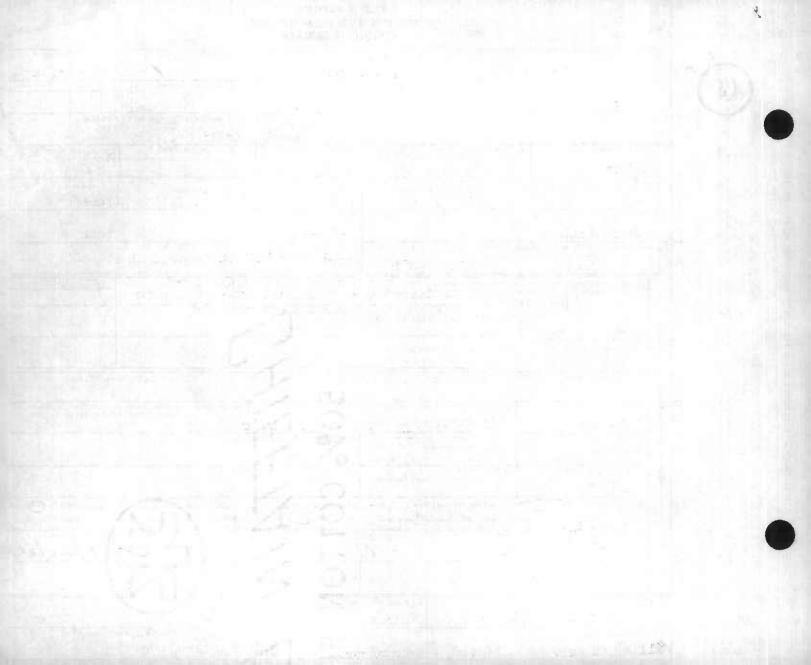
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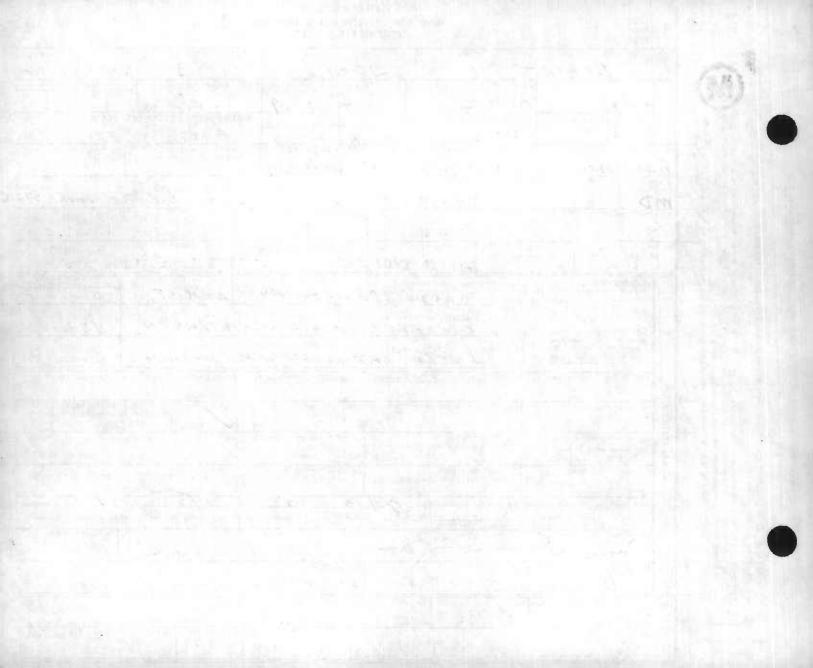
STATE OF MARYLAND



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8 62	Je. Bl	RTHPLACE (STATE OR FOREIGN	Th. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER	MARRIED -	9 BALTIMORE CITY C	R COUNTY OF	DEATH	
1 11 30		M.D.	4. S.A.	WIDOWED'S I	ONORCED [	BALTIM			MD.
N. 11.00	10 CI	TY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NURSII (# NOT IN SUCH FACILITY, GIVE STREET</li> </ol>		STITUTION	170 USUAL OCCUPAT		12b. KIND O INDUSTRY	F BUSINESS OR
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DS, 201 signed I hen plea	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATE	ED TO THE TERM	AIN AL DISEASE OR CON	DITION GIVEN	IN PART 11	a)·
SECOR	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERF	ORMED	20a AUTOPSY?	206. IF YES, W	NG CAUSES	OF DEATH?
VITAL I	ERT	71a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	Izir HOW	IN ILIPY OCCUP	YES X NO	YES [		NO 🗌
SICIAN: Ting physici certificate oriol-transis		OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR		KED (ENIER MATURE OF IN)L	RY IN IIEM 15 PARI	TORPART 2)	
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ERAL OR by the betoches Store Dep		EStreeten			ATTENDING PHYSICIAN [	MEDICAL STA		1/21/	84
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Of Orday		BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OF	RCREMATORY	23d. LOCATION		OUNTY	STATE
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14	1.	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	SIENE B 4	0	1 1	7 6
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ote be execute ysicion and con ppers. Pages 1 (vol. if the medical e	16a \	VAS DECEASED EVER IN U.S. A	ARMED FORCES? GIVE WAR OR DATES)	166 SOCIAL SECT		17. INFORMANT Hilda Boon	e 1102 Dr		Apt	604
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DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR  Lliam C. Ma.	rch F/F	ADDRESS		250 DA	N 9 1984	25b. (EGIST	RAR'S SIGNA	(URELICLY)



FOR

REGISTRAR

- STATE

APPROXIMATE INTERVAL Lun PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE _, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated 22c. DAJE SIGNED Arbutus Mem. Park BP. Burial 24 FUNERAL DIRECTOR 2501 Gwynns Falls 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATUR DHMH - 16 50M 1/81 Nutter and Sons (VRA 15, 4) Funeral Home, Inc. Pkwy., Balto. Md.

STATE OF MARYLAND

CERTIFICATE OF DEATH

DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

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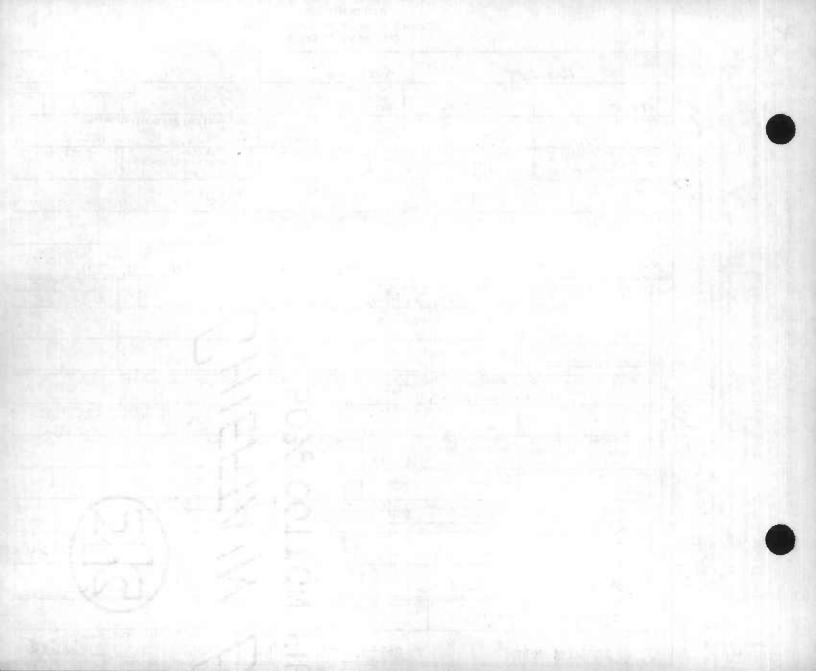
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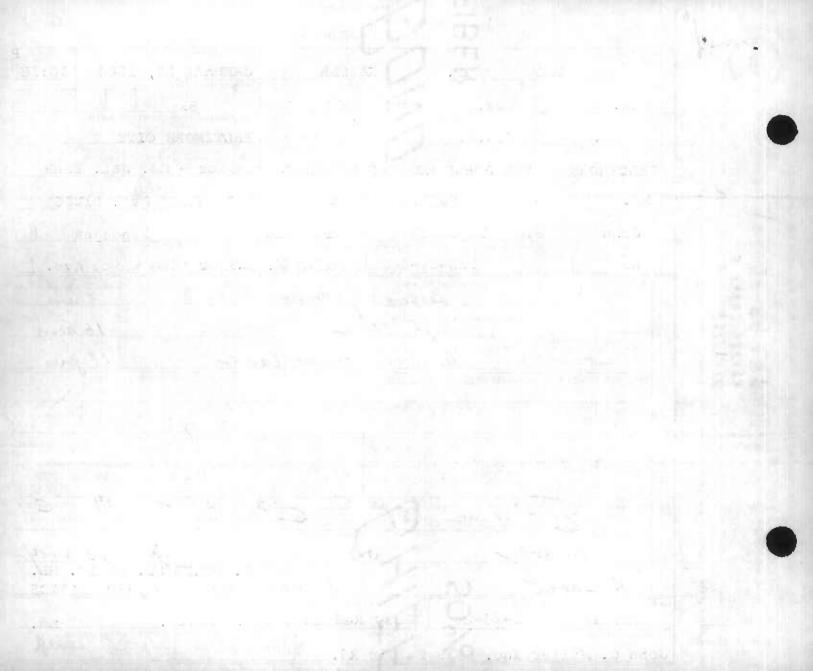
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			CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
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death. Page	72 hou		IRTHPLACE (STATE OR FOREIGN COUNTRY)  Maryland	76. CITIZEN OF WHAT COU	MARRI	D NEVER MARRIED	Baltimore City o	R COUNTY OF DEATH
for de	F 6	10.0	ITY OR TOWN OF DEATH		WIDOW	DR OTHER INSTITUTION	120. USUAL OCCUPATI	ON 126 KIND OF BUSINESS OR
on s ofte	led w	17	Baltimore	MENCY	//	al	TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY
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BALTIMORE, MARYLAND 21201 cote be executed within 24 hours v sysicion and completely filled in by	2 July 2		FIRST	MIDDLE	AST	FIRST	MIDDLE	LAST
RE, P	- g	16a	WAS DECEASED EVER IN U.S. A		L SECURITY NO.	17. INFORMANT	ADDRE	814 E. 33rd St.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., OF PHYSICIAN: The law requires that the death certific attending physician.	crem ther		cause (a), stating the underlying cause last.	DUE TO, OR AS A CON	ISEOUENCE OF			
w toot	or o			(c)				
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req red	F T .5	18	4	196, CONDITION FOR		NAME OF DECISION OF THE OWNER.	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
PEC low	ne prio	S	190. DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	1	IN CERTIFYING CAUSES OF DEATH?
At The cion	- W 0//-	CERTIFICATION				Tal Manual Para	YES NO	YES NO
AN: hysin	Hygin 18 sh		210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF		H DAY YEAR	216 HOW INJURY OCCU	JRRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
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PHY and its	dw	9	21d INJURY OCCURRED	218. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	WN COUNTY STATE
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5 5 5	- 3 ≧	23a.	BURIAL, CREMATION, REMOVA		23c NAME OF	EMETERY OR CREMATORY	23d. LOCATION	COUNTY STATE
BP			Removal	2/6/84			511101101111	STATE STATE
DHMH - 16	50M 4/82	24.1	UNERAL DIRECTOR		DRESS	the same of the sa	ATE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIGNATURE
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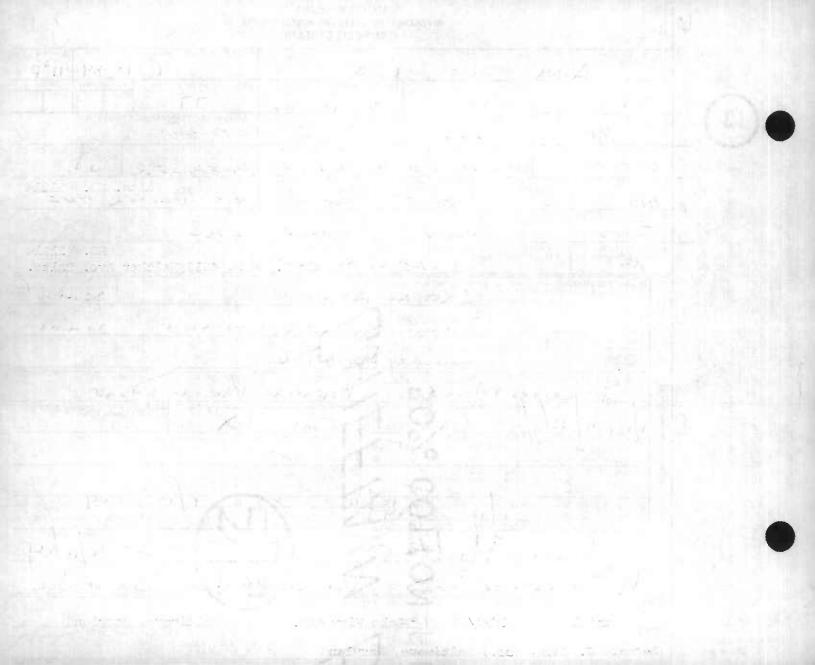


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 2a DATE OF DEATH MONTH DECEASED NAME MIDDLE 2b. HOUR TYPE OF PRINTS MARY F. KATSER JANUARY 22 10:58 1984 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE FIN YEARS LAST BIRTHDAY IF UNDER LYEAR IF UNDER 24 HRS MONTH YEAR 23 Fem. Cau. 17 Ta. BIRTHPLACE (STATE OR FOREIGN L CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY Md. WIDOWED DIVORCED [ BALTIMORE CITY IO. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE ! INDUSTRY (IE NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Teller - Md. THE JOHNS HOPKINS HOSPITAL Nat. Bank BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 136 COUNTY 13c CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? Md -Balto. 4404 White Ave. 21206 YES X NO [ 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME FIRST MIDDLE MIDDLE John S. Yegierski Pauline Kindeina 17 INFORMANT In WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 213-14-4484 Charles M. Kaiser 4404 White Ave. no APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if dhy, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. tastano PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART CERTIFICATION 20h. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NON 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIEY MEDICAL EXAMINER) P.M 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION COUNTY CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, EARM, ETC.) WHILE NOT WHILE AT WORK Jan 22a | certify that (Unthis hospital) attended the deceased from. 22. Jan and that in (my) (our) appearan death accurred on the date and hour and from the causes stated abave, (1) (we) (did (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF FUNERAL DIRECTOR | PHYSICIAN PHYSICIAN 22d. PHYSICIAN'S NAME TTYPE OF 22e. ADDRESS 600 WOLFE ST. BALTO. MD the the 21205 O sk 23d LOCATION 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, REMOVAL 23b. DATE Burial CITY OR TOWN STATE 1-26-84 Holy Redeemer Cem. Balto. Md 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE . DHMH - 16 50M 4/83 John C. Miller Inc. 6415 Belair Rd. (VRA 15, 4)



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and the		RESIDENCE (IF NU	136 COUP	R OTHER INSTITUTION NTY	134. CITY OR BA		13d. INSIDE CITY L	IMITS?	3. STREET AD	DRESS Ba	Ito. M	AD.	21214
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STATE OF MARYLAND

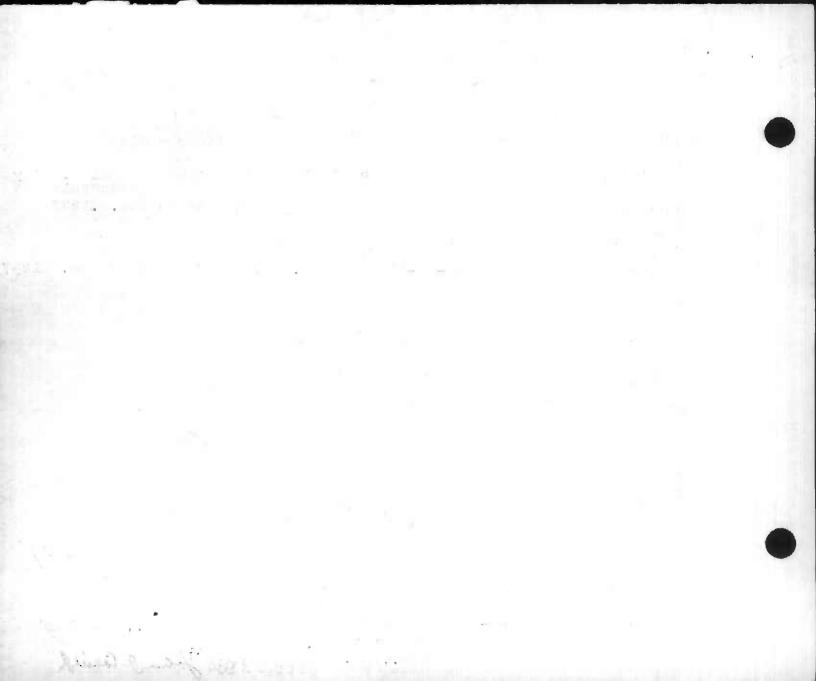


STATE OF MARYLAND

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	3. SE		1. RACE	5. DATE OF BIRTH	DAY YEAR 2	6. AGE (IN YEARS LAST BIR	HDAY) IF UN MONTH		DER JAHRS
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page 3			CEASED NAME FIRST ANDRE	eW.	WIDDLE	1/	SPER	4	2a. DATE OF DEATH	MONTH DAY	YEAR 84	3 35 A M
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	(enc deserted to the control of the	

Howard K. McComas III. Abingdon, Md. 21009

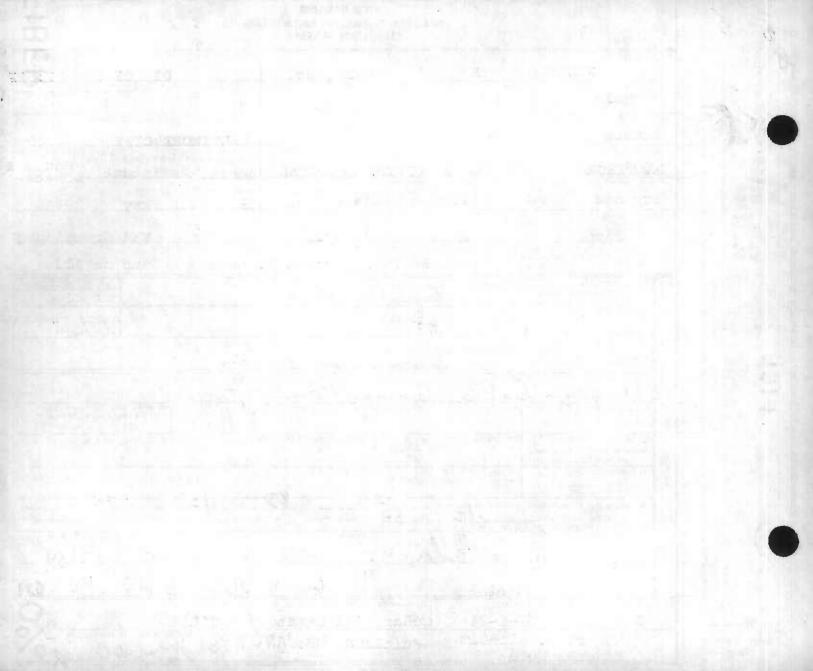
FOR

(VRA 15, 4)

STATE OF MARYLAND

1 20 1 4 4 Respectively Milest H. Stight Pyalions (27/18) Chiru Thomas Y +11 - +2 3/1 +2 3/1 - ---TOTAL PROMISE AND STREET OF A DECEMBER OF SELECTION AND SE

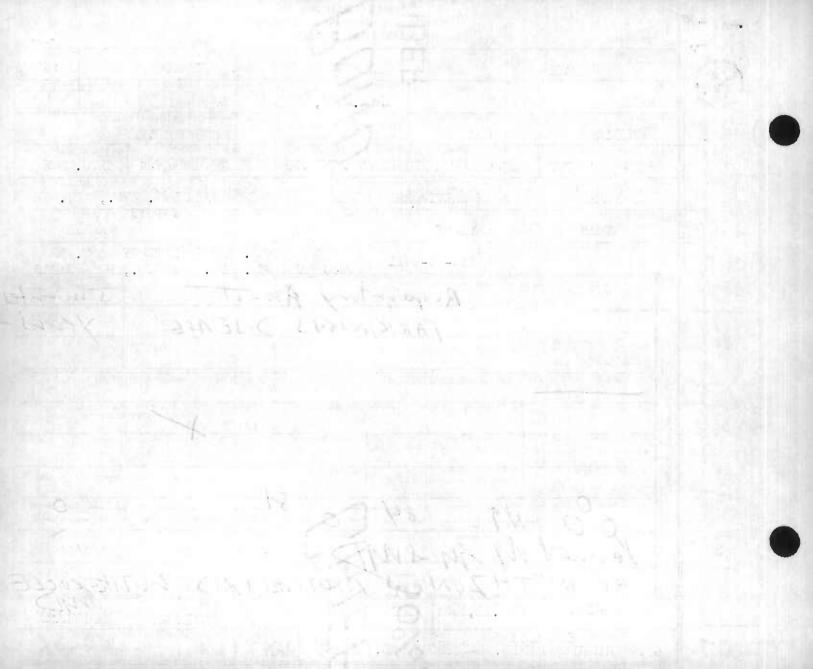
1 - STATE CERTIFICATE OF DEATH		
REGISTRAR CERTIFICATE OF DEATH		9 0
REGS I RAK  REG. NO.  1 DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY	Y YEAR	2b HOUR
WILLIAM A KATS Sr. 01 0	2 04	12.520
N On the state of	2 84 UNDER I YEAR	IF UNDER 24 HRS
Male White May 17,1908 75	NIHS DAYS	HOURS MIN.
To. BIRTHPLACE (STATE OR FOREIGN TO. CITIZEN OF WHAT COUNTRY? 8 MARRIED XXNEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF	FDEATH	
Kansas USA WIDOWED DINORCED BALTIMORE CITY	Y	MD.
10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS]  120. USUAL OCCUPATION [IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS]		F BUSINESS OR
BALTIMORE THE JOHNS HOPKINS HOSPITAL Admin Assista		House &
USUAL RESIDENCE (16 NURSING HOMEOR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13a COUNTY 13c CITY OR JOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE		<del>enate</del>
Maryland PG Temple Hills NO 3118 28th Pkwy	, 2	0748
15 MOTHER'S NAME		
FIRST MIDDLE LAST FIRST MIDDLE Van	Great	ningen
ADDRESS ADDRESS AND ADDRESS ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	GIEU	urringen
(YES. YES YOUNG)   WWII   521 18 7629 Evelyn V. Kats Same	as #	13
18 CAUSE OF DEATH (Enter only one couse per line for (a) (b), and (c))	APPROXU	MATE INTERVAL
PART I. DEATH WAS CAUSED BY:	CA	AND DEATH
MMEDIATE CAUSE (0)	1	
DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave rise to immediate  gave rise to immediate	(ah	10
Conditions, if any, which gave rise to immediate	(2)	
Underlying couse lost.		
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	LIBLIDADI	
PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED THE TERMINAL DISEASE OR CONDITION GIVEN	A IN PART HO	
8 In Date of Peration 196 CONDITION FOR WHICH OPERATION VALUE PROFESSION 100. IF YES, V	WERE FINDIN	IGS LISED
INCERTIFYIN	NG CAUSES	OF DEATH?
YES YES 1216. ACCIDENT WAS UNDERLYING 2116. TIME OF INJURY NONTH DAY YEAR 1216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IS PART		NO []
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR	TORPART2)	
ON THE PROPERTY OF THE PROPERTY MEDICAL EXAMINER)  ON THE PROPERTY MEDICAL EXAMINER)  P.M. 19  210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN		
216. INJURY OCCURRED  216. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  217. PLACE OF INJURY  (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	COUNTY	STATE
	76	
Z = x > + 1		hot (I) (we) lost
sow the deceased alive an above, (I) (we) (did) (did not) view the body after death.		
TIN SIGNATURE DEGREE ATTENDING MEDICAL STAFF	22c. DATE S	SIGNED
THE STATE OF THE PROPERTY OF T	112	184
PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT)  274 ADDRESS  (CO) A (No. 10 B) A (No. 10 B)	14	
27d PHYSICIAN'S NAME (TYPE OR PRINT)	, 1011	0 51502
	COUNTY	STATE
BP Burial   1-6-84   Cedar Hill Cemetery Suitland	PG	Md
DHMH - 16 50M 4/B3 24 FUNERAL DREGIOETT E. Wilhelm ADDRES Suitland, Md. JAN 9 9 1884 REGISTRA	AR'S SIGNATU	JRE
(VRA 15, 4) Funeral Home	La Care	10



4	1 -	FOR STATE REGISTRAR		DEPA	RTMENT OF H	OF MARYLAND EALTH AND MENTAL HYO CATE OF DEATH	GIENE 8 4	0 1	28	8 7
101		CEASED NAME FIRST (3 ERT	HA	G.		ST TZEN	20. DATE OF DEATH	MONTH DAY	YEAR 84	26. HOUR 5 25 PM
	1. SEX	FEMALE	4. RACE WH \$	TÈ	5. DATE O	BIRTH YEAR OF 18	6. AGE (IN YEARS LAST BIR	THDAY) IF UN MONTH	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
William Control	(	RTHPLACE I STATE OR FOREIGN OUNTRY) MARY LAND	(	WHAT COUNT	WIDOWE		BALTIMORE CITY O			MD
by the fu	1	BALTIMURE	(IF NOT IN SU	CH FACILITY, GIVE ST	HOTPITA	ROTHER INSTITUTION	120. USUAL OCCUPATI (TYPE OF WORK FOR MOST O HOUSEW	ON OF WORKING LIFE) IN	NDUSTRY	F BUSINESS OR HOME
filled in rook be	M		OR OTHER INSTITUTION JINTY T IMORE	134. CITY OR I	MORE	134. INSIDE CITY LIWITS?	136 239 WOODC	REST AV	E. 2	1209
ampletely and 2 s	14. FA	THER'S NAME PHILLIP	WIDDLE	GOLDBÊR		IS. MOTHER'S MAIDEN NA ANNA	MIDDLE	UN	LAST KNOW	N
Pages I. Pages I		VAS DECEASED EVER IN U.S. A ES, NO OR UNIXOWN) (IF YES G	RMED FORCES?	16h SOCIALS 219-5	245341	17. INFORMANT MI 8417 DORIAN	R. STANLEY K N RD. BAL	ATZEN TO MD	21	208
quires that the death cer signed by the attending then please remave carba to burial, cremation, or re njury, ar ather fraumotic e	NO	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICANT	(b)	OR AS A CONSE	Sepsis QUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN	Z W	
the law re ician.  the hos been asit permit.  rgiene prior shows any in	CERTIFICATION	190 DATE OF OPERATION	196. CONE			WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING YES	G CAUSES (	IGS USED OF DEATH?
this certificate burial-transit ad Mental Hygical dor Item 18 should burial-transit and more than 18 should be the second burial	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTHY MEDICAL EXAMIN 21d IN JURY OCCURRED	EATH HOUR A	OF INJURY  .M. MONTH  .M.  OF INJURY  (REET, FACTORY, OFF	19	21t. HOW INJURY OCCUR 211. LOCATION STREET	RED (ENTER NATURE OF INJU		OR PART 2)	STATE
TOR: After for use as the of Health ar 21 is marke	,	WHITE NOT WHITE AT WORK  22a.1 certify that (1) (this has sow the deceased alive a above. (1) (we) (did) (did not be above.	and the same of th	1	5" . 1	12 19 84	death accurred on the d	/25 19_ ote and hour and		that (I) (we) ast
by the has ERAL DIREC e detoched State Dept. ANT: If frem		226 PHYSICIAN'S NAME (TYPE	Rose C	Ille		ATTENDING PHYSICIAN [	MEDICAL STA	FF	1/23	SIGNED 5/84
TO HOSPITAL of retained by the TO FUNERAL Is should be deto with the State I IMPORTANT: IF		DRISETH L	WEBER			COSENAI H		BALTIM	ORE	
BP	20	URIAL CREMATION, REMOVA				RAEL OR CREMATORY	BALT IMOR	E	MAR	YLAND
IMH - 16 50M 4/B2 (VRA 15, 4)		NERAL DIRECTOR SOL		ADDRE	55	21215 FE	TE REC'D. BY REGISTRAR B 1 1091	ZID REGISTRAR"		welk

· 1 5. . .

. 6	1.	FOR STATE REGISTRAR		DEPART	AENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE &	REG. NO.	0		8 8
100		CEASED NAME FIRST OR PRINT) MAX		WIDDLE		rzoff		JANUARY			26. HOUR 10:51 AM
(M)	3 SE		4 RACE WHITE		S. DATE (	N. 28,1903	al con	YEARS LAST BIRTHDA	MON	INDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Of Pope	7a. B	RTHPLACE (STATE OR FOREIGN RUSSIA	76 CITIZEN OF	WHAT COUNTRY?		D NEVER MARRIED	9. BALTIMO	DRECITY OR CO		DEATH	AAD
y the fundamental	10. C	BALTIMORE CITY			IG HOME	AVE. APT.3B	120 USUAL	OCCUPATION O ENGRA		126 KIND O	F BUSINESS OR
24 haurs filled in E avid be fi	USU 13a. :	AL RESIDENCE (IF NURSING HOME OF STATE MARY LAND	R OTHER INSTITUTION	GIVE RESIDENCE BEFORE  13C CITY OR TOW  BALTIMO		13d. INSIDE CITY LIMITS?	19009	ADDRESS (77)	SCODE AV	AME E. A	RICAN PT. 3B
ed within 24 haurs mpletely filled in by ond 2 shauld be fill geduir	14 F/	ATHER'S NAME HYMAN	MIDDLE K	ATZOFF		15 MOTHER'S MAIDEN NA	ME	# 2	1215	KUR	TE
cote be execut ysician and co apers. Pages 1 val.	160 \	VAS DECEASED EVER IN U.S. AI YES, NO RUNKNOWN) (# YES, GI	RMED FORCES?	166 SOCIAL SECU 212-03-0		17 INFORMANT M	-	NNÎE KA		APT MD	. 3B
ures that the death cerrifusion of the attending plants of the attending plants of the attending of the atte	z	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMEDIA 3 0 Conditions, if ony, which gove rise to immediate cause tol, stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT	DUE TO, O    DUE TO, O    DUE TO, O    DUE TO, O	OR AS A CONSEQUI	ENCE OF	NOT RELATED TO THE TERM		E OR CONDITI		IN PART 160	leavs.
CIAN: The law req physician. striftcate has been s ol-tronsit permit. The tidl Hysician for	L CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	21b. TIME C			N WAS PERFORMED	200 AUT	NO			NGS USED OF DEATH? NO
NDING PHYSICIAN: The low require or ottending physician.  R. After this certificate has been signs as the buriol-transit permit. They tealth and Mental Hysicians to be is marked or tem.	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK 220.1 certify that (1) (this hosp	21e PLACE (AT HOME STI	.M. OF INJURY REET, FACTORY OFFICE, F	er/	211 LOCATION STREET	, to	CITY OR TOWN	19.		STATE that (1) (we) lost
by the haspito ERAL DIRECTO e defoched for State Dept of It ANT: If them 21		sow the decease of dive a obove (II)(we) did (did n 226. SIGNAPORE	ot) view the yody	ZM1	PW	DEGREE  ATTENDING PHYSICIAN [-		STAFF PHYSICIAN		22c. DATE	SIGNED
TO HOSPITA retained by TO FUNER should be d with the Sto	23a	BURIAL, CREMATINA REMOVA	23 ANE 1	ZONIC 1,1984 236	HÝŽUK	10807 PMC	23d LOC	ATION FALTIMOR	~47	OUNTY	CVICLE TO STAND
DHMH - 16 50M 4/83		UNERAL DIRECTOR SOL	LEVINSON	N & BROS.	. MD	(21215) 250. DAI	TE REC'D BY	REGISTRAR 256.			



21215

COLO DETETEDETOWN DD PAITO

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH - 16 50M 4/82 (VRA 15, 4) DELLAND METHODAL · Late Office of the Court of t

DHMH - 16 50M 1/81 (VRA 15, 4)

- STATE

REGISTRAR

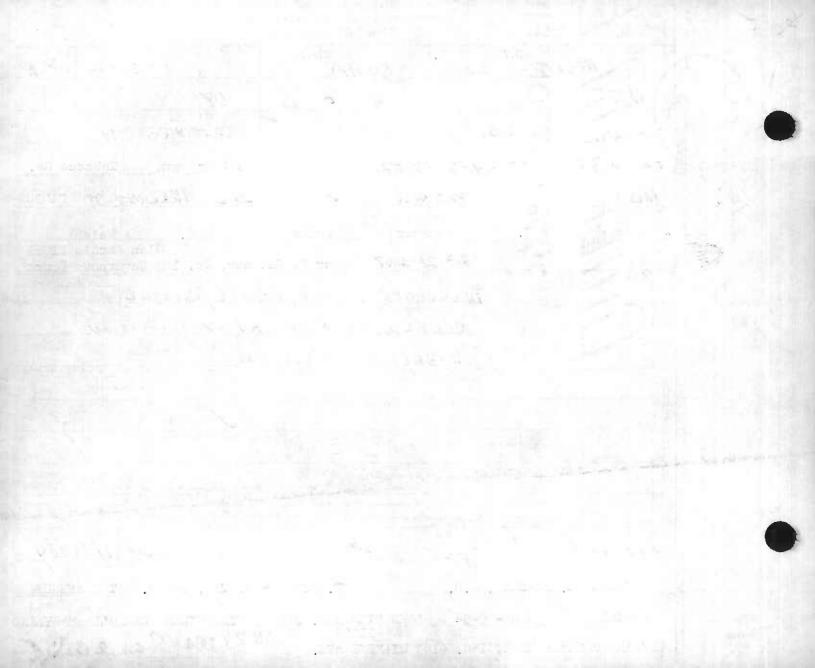
DECEASED NAME

BALTIMORE CITY OR COUNTY OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Tobacco Co. 21230 A ADDRESS Glen Burnie 21061 Roger F. Keehner, Sr. 105 Governors Court APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CONFLUENT WITH CAVITY FORMATION 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F TIC HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 900 S. CATON AVENUE CARROLL 21229 HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

REG. NO

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH



## (TYPE OR PRINT) 5. DATE OF BIRTLE FROV FOWARD I. RACE 6. AGE (IN YEARS LAST BIRTHDAY) 3. SEX YEAR MONTH Black 26 9. BALTIMORE CITY OR COUNTY OF DEATH HHPLACE ISTATE OF FOREIGN 7h. CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY) U.S.A. Maryland WIDOWED DIVORCED O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 3900 LOCH RAVEN BLVD BALTO BALTIMORE SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 30 STATE 1136 COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Maryland Baltimore YESXX NO [ 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST Thomas Keene Colie 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO YES 218161568 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if any, which gave rise to immediate cause to), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110-IN DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 20n AUTOPSY? none 710. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 21f. LOCATION AT HOME STREET, FACTORY, OFFICE, FARM ETC.) WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the decaysed from OCTOBER 26 83 84 TANHIADV sow the deceased alive on 27h SIGNATES DEGREE ATTENDING MEDICAL 22e ADDRESS

- STATE

I. DECEASED NAME

REGISTRAR

23a. BURIAL, CREMATION, REMOVAL

SPBURIAL

24 FUNERAL DIRECTOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

BALTIMORE CITY 12a USUAL OCCUPATION 17h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e STREET ADDRESS / ZIP CODE 811 Winston Avenue 21212 MIDDLE McCargo ADDRESS Edward Keene 3715 Patterson Avenue 6 Mans 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE JANUAKY and that in (My) (our) opinion death occurred on the date and hour and from the causes stated 22L DATE SIRNED STAFF PHYSICIAN DIRECTOR PHYSICIAN LOCH RAVEN BIVD 23¢ NAME OF CEMETERY OR CREMATORY 23d LOCATION Mills. Garrison Forest VA Owing's 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

REG. NO

MONTH

26

IF UNDER I YEAR

76 HOUR

IF LINDER 2 L MRS

84

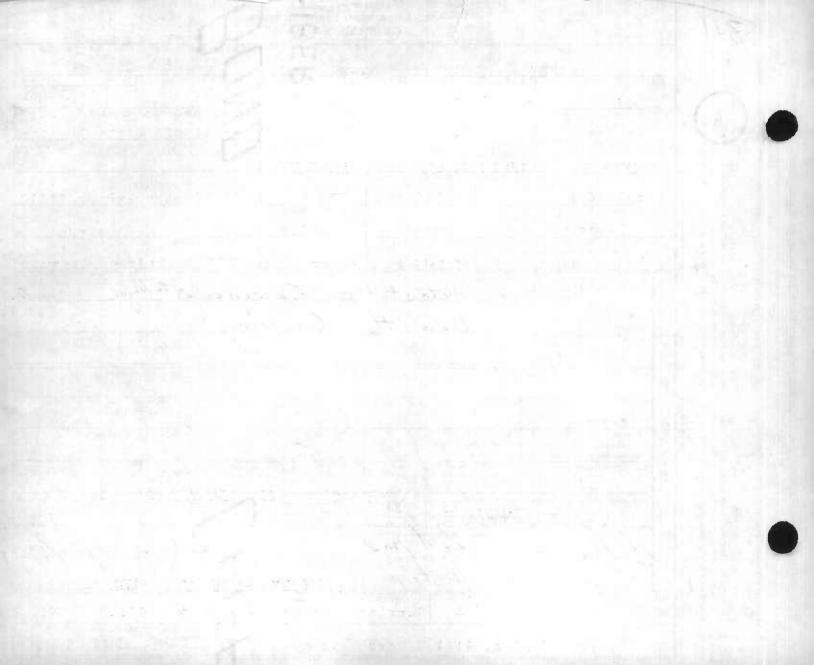
20 DATE OF DEATH

DHMH - 16 50M 4/83 (VRA 15, 4)

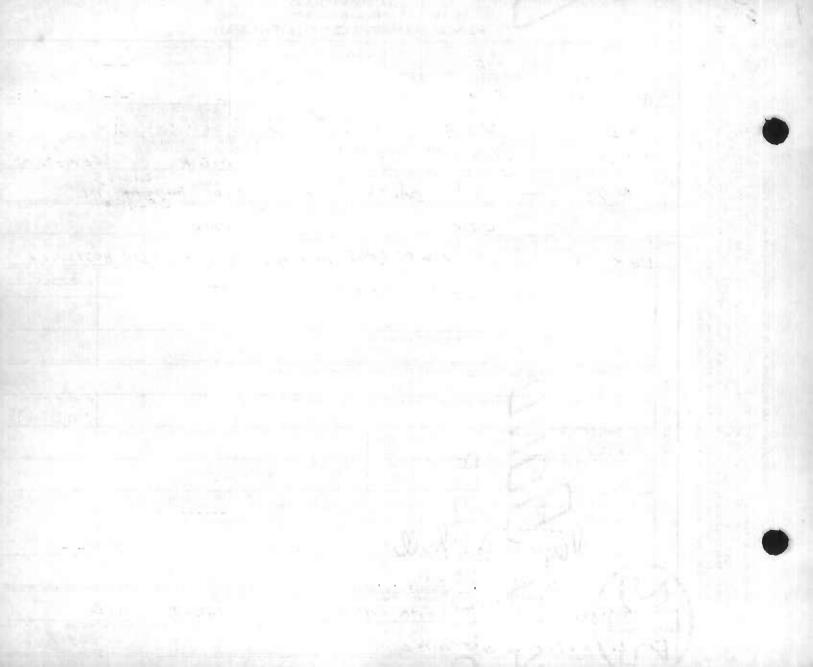
Wm C March F/H Inc, 1101 E North Avenue

2/1784

23b. DATE

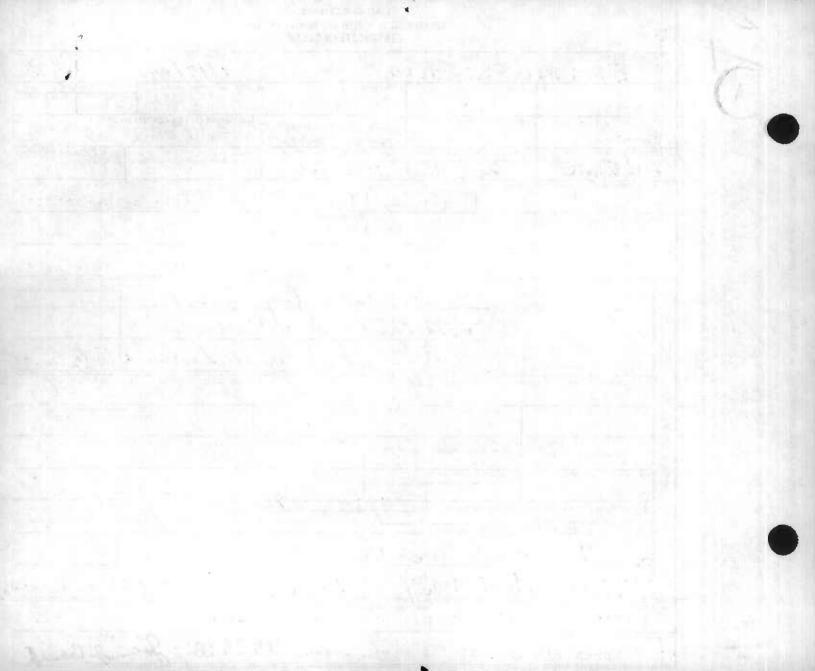


1 8	1-	FOR STATE				MENT OF	HEALTH	AND MENTAL		100	0	1 1 9	2
Fast	1 DE	REGISTRAR CEASED NAME E OR PRINT)	FIRST		MIDDLE			ERTIFICATE		20. DATE KNOW		DAY YEAR	26. HOUR
2 Hours	3 SE)	4.	JAM RACE	IS. DATE OF BIRTH	YEAR	6. AGE (IN YE.	IRS IF UN			2c. DATE PRONOUNCED DEAD	MONTH	DAY YEAR	18 Q
FCESSAR NERALD FOR YOU WITHIN 7		RTHPLACE (STATE REIGN COUNTRY)	OR	76. CITIZEN OF WE	AT COUN	ITRY?	0	ED NEVER MAR	RRIED	9. BALTIMORE C		ITY OF DEATH	MD.
ELAY IS N TO THE FL PAGE 5 BE PILED.		TY OR TOWN OF altimore		11. NAME OF HOS			OR OTH	ER INSTITUTION	FORM	AL OCCUPATION	TYPE OF WORK	126. KIND OF BU OR INDUST CEMET	ISINESS RY
AND 3 THE PRINT OF AND 3 THE POUND B	USUA 13a S		13b. COUN	OR OTHER INSTITUTION, GIV		ORTOWN BALT	0	13d INSIDE CITY LIMITS? YES 🗗 NO 🕻	13e. STRE	ET ADDRESS	2121		
ORE, MD DEATH, GES 1, 2 M. PM. 3 (AND 2 OF VITA		ATHER'S NAME		MIDDLE		LAST		IS. MOTHER'S MAII		NKMIDDLE	ELAIN	LAST	
RES AFTER DEA' RES AFTER DEA' S. GIVE PAGES WITH FORM, P. I. PAGES I ANI DIVISION OF W		VAS DECEASED E ES, NO, OR UNKNOWN UNK		MED FORCES? WAR OR DATES)		019		17 INFORMANT DONAL	o K	ELL! ADD	1310 I	905ELV1	CK
RECORDS, 201 W. PRESTON ST D BE EXECUTED WITHIN 24 HOL PENDING" IN PENCIL IN ITEM 11 MEDICAL EXAMINER ALONG 7 AS A BURIAL - TRANSIT PERMIT PERMIT AND MENTAL HYGIENE, CREMATION, OR REMOVAL.	z	Canditions, gave rise cause (a) sto lying couse	if ony, which to immediate pating the under- last.	DUE TO, OR	AS A CON	ISEQUENCE (	OF OF			isease			
AL RICE IN THE THE	CERTIFICATION	19a. DATE OF OI	PERATION	196. CONDIT	ION FOR	WHICH OPER	ATION W	AS PERFORMED?				20. AUTOPSY	? NOXX
ON OF IFICATE TO THE WATTHE AND BEAT TO THE AND BEAT TO THE AND BEAT TO THE AND BEAT TO THE AND BEAT TO BE T		210. EXTERNAL C UNDERLYING CONTRIBUTING	OR CAUSE OF E		MONTH	19		NJURY OCCURI	RED (ENTERN.	ATURE OF INJURY IN IT	TEM 18 PART T OR PA	ART 2)	
	MEDICAL		CURRED NOT WHILE D	21e PLACE C STREET, FACTO				CATION		CITY OR TOWN	cc	YTAUC	STATE
MEDICAL EXAMINER COUTE THE CERTIFICAL SE 4 SHOULD BE FO FUNERAL DIRECTH, WITH THE CHANGE, MARYLAND	/	220 I certify to death resulted to ACTUAL SIGNATURE	from: Notur	e of the remains desc ol couses XX	Accident	I. Su		Homicide TITLE (SPECIFY)  D. Assistar	Undete	Inquiry XX rrmined monner CAL EXAMINER Street	ond in my o , DATE SIGN		
BP	23a.B	BURI		3h. DAJE 4 /84	23c. h		AETERY OF	CREMATORY	23d. LOC	CATION DRIOWN BALTO.	COU		TATE
DHMH - 17 (VR A15 ME (5)) 20M 4/82		JNERAL DIRECTO		ADDRESS 300	MA	KE		JAN	PEREC'D. BY	REGISTRAR 25b.	REGISTRAR'S	SIGNATURE	No.



(VRA 15. 4)

STATE OF MARYLAND



1	FOR - STATE REGISTRAR	DE	PARTMENT OF HE	OF MARYLAND ALTH AND MENTAL HY CATE OF DEATH	REG. NO.	0	de de la constante de la const	9 4
	PECEASED NAME FIRST  YPE OR PRINT)  Hare	y R.	Ken	nedy	20. DATE OF DEATH M	1 18	M84	1.4-5 PM
3. 5	Male	4 RACE White	5. DATE OF MONTH	DAY YEAR	6. AGE (IN YEARS LAST BIRTHI	YRS.	DER TYEAR	HOURS MIN.
70	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIED WIDOWED	NEVER MARRIED DIVORCED	Dalla Ost		HTASC	MD.
2 10.	Balto.	11. NAME OF HOSPITAL, I	NURSING HOME OF TESTREET ADDRESS) Tan Hospi	OTHER INSTITUTION	170. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF V Letter Carr	WORKING LIFE! IN		BUSINESS OR
130 130		13c. CITY C	CE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS? YES NO K	13e STREET ADDRESS / 1 2212 White		2123. Apt	
314	FATHER'S NAME Unknown	MIDDLE Kenne		Anna FIRST	AME	Mille	er	
160		IVE WAR OR DATES)	NL SECURITY NO. 05-8858	Mary E. Ken	addres nedy, Same as			
Z	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying cause lost.  PART 2 OTHER SIGNIFICAN	DUE TO, OR AS A COM	rminal NSEQUENCE OF	Brain or	dung in	traleg		MATE INTERVAL
CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	I WAS PERFORMED		20b. IF YES, WE IN CERTIFYING YES	G CAUSES	
	OR CONTRIBUTION TO CAUSE OF T	HOUR A.M. MON'	TH DAY YEAR		IRRED (ENTER NATURE OF INJURY	IN ITEM 18 PART 1	OR PART 2)	
MEDICAL	AT WORK AT WORK	Z1e, PLACE OF INJURY (AT HOME, STREET, FACTORY,		211 LOCATION STREET	CITY OR FOW	N	COUNTY	STATE
			19 <u>9.4,</u> one		n death accurred on the dat	e and hour and	d from the o	
	226 SIGNATURE	2	D	EGREE			22c. DATE	SIGNED

DHMH - 16 50M 4/83

BP.

TO FUNERAL DIRECTOR: After this certificate has been

24 FUNERAL DIRECTOR (VRA 15, 4)

MPORTANT: If them 21 is marked or them 18 shows any injury, or other traumatic event, the should be detached for use as the burial-transit permit. Then please remove carbanpape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or removal

FUCK, Inc 5305

C. sas

23b. DATE

1-20-84

22d. PHYSICIAN'S NAME (TYPE OF PRINT)

23a BURIAL, CREMATION, REMOVAL

(SPECIFY Cremation

Westview

77e ADDRESS

23c NAME OF CEMETERY OR CREMATORY

23d LOCATION
CITY OF TOWN
Balto., Md.

SAMARITAN HOSPITAL,

ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

COUNTY

STATE

Road 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

Vertices 4 Years

effection control of the service of

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physicion and completely filled in by the funeral directority should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled within 72 hours offer with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, ar removal.

MPORTANT: If them 21 is marked or Ifen 18 shows any injury, at other traumatic event, the

16	FOR STATE REGISTRA
	1. DECEASED NA

## DEI

STATE OF MARYLAND	23
PARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

1	- STATE REGISTRAR			DLI AF	CERTII	ICATE OF D	EATH		NO.		
	CEASED NAME E OR PRINT)	FIRST PAME		Athur		KENNE	Pa	20. DATE OF DEATH		YEAR	26. HOUR P
3 SE			RACE BLACK		5. DATE (	H DAY	YE AR 920	6. AGE (IN YEARS LAST		IF UNDER 1 YEAR	IF UNDER 24 HRS. HOURS MIN.
70 B	SOUTH CA			what COUNTR	Y? 8. MARRIE WIDOWI	D NEVER M		9. BALTIMORE CITY			MD.
10 C	BALTTMO	RE	NORT H	CHARLES	GENER	AL HOSP		12a. USUAL OCCUP (TYPE OF WORK FOR MO CUSTODI	ATION ST OF WORKING LIFE	126 KIND OF	F BUSINESS OR  JEWELER
13a.	AL RESIDENCE (IF NURS STATE ARYLAND	13b. COUNT		GIVE RESIDENCE BEF 13c CITY OR TO BALTIM	WN	13d. INSIDE CIT	TY LIMITS?	13e. STREET ADDRES 3705	S COLUM	BUS DRI	IVE 21215
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DHMH - 16 50M 1/B1 (VRA 15, 4)

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME WILLTAM 20 DATE OF DEATH 26 HOUR KENNEDY STEVEN nnea 4 RACE IF UNDER 1 YEAR HOURS 1954 29 WHITE TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia U.S.A. BALTIMORE. MARYLAND DIVORCED [ 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 2a. USUAL OCCUPATION 126. KIND OF BUSINESS OR TIMORE CITY HOSPITAL UTILITY PERSONE BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
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136 COUNTY
136 CITY OR TOWN 13d. INSIDE CITY LIMITS? 304 BROOKVIEW DRIVE WICOMICO MAR YLAND SALISBUR Y YES [] NO T 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE JUSTICE WALLACE ROSALIE KENNED Y н. Mrs. Camille W. Kennedy, 304 Brookview Drive, Salisbury, 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT LYES NO OR UNKNOWN (IF YES, GIVE WAR OR DATES) 240-92-8601 NO APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c'.) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO [ YES TO 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED 00 HOUR (A.M. ) MONTH , DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 9:30 P.M. (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) STREET WHILE AT WORK 220.1 certify that ( (this hospital) oftended the deceased from 84", and that in (my) (ou sow the deceased alive on on the date and hour and from the causes stated obove, (I) (we) (did) (did not new the body oftendenth DEGREE 22¢ DATE SIGNE CAN TO DIRECTOR PHYSICIAN 22e ADDRESS 230. BURIAL, CREMATION, REMOVAL 236. DATE 2% NAME OF CEMETERY OR CREMATORY 23d. LOCATION 1/20/1984 CREMATION Delmarva Crematory Lewes Delaware 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4) Holloway Funeral Home, P.A. Salisbury, Md.

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(VRA 15, 4)

STATE OF MARYLAND

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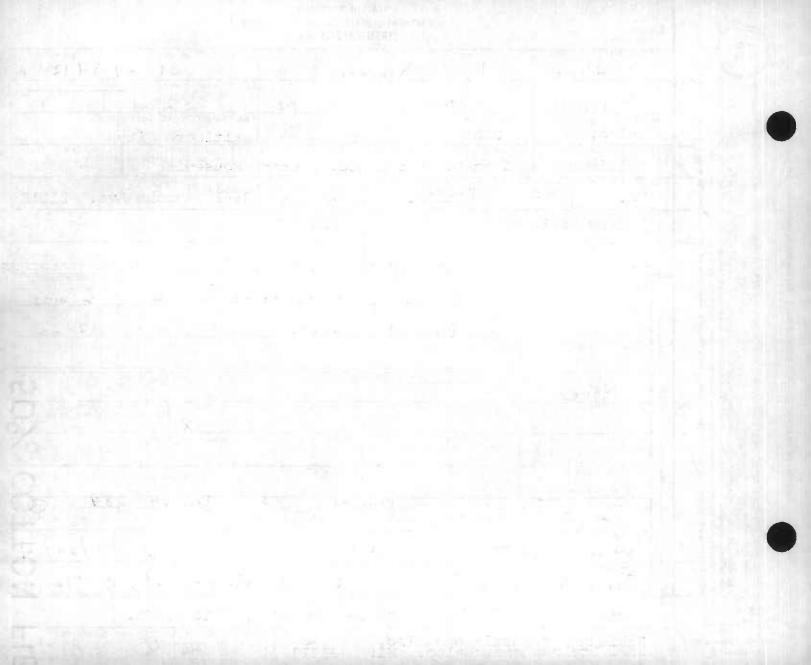
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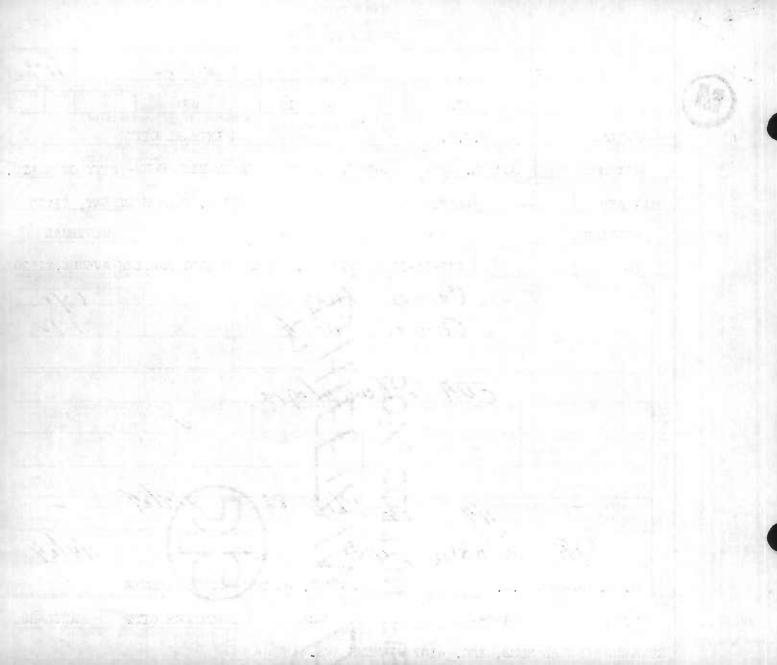
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME FIRST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR TYPE OR PRINTS 3 SEX RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH To BIRTHPLACE STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVERMARRIED COUNTRY TIMORS WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH EACHLITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ALT, MORS USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 21234 136 COUNTY 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDERITY LIMITS? IT MORS 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT LYES NO OR UNKNOWN LIF YES, GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one couse per line for PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gave rise to immediate couse (a), stating underlying couse lost PART 2. DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO CERTIFICATION 19s DATE OF OPERATION No. CONDITION FOR WHICH OFSERTION WAS PERFORMED 786. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 20x AUTOPSY7 YES TL THE ACCIDENT WAS UNDERLYING 216 TIME OF INJURY THE HOW INJURY OF CURRED TANDA HAZUR OF SHEEK IN THE WIRE PART I OR PART 75 HOUR A.M. MONDH DAY YEAR OR CONTRIBUTING TI CASE OF DEATH MEDICAL OF BITHER NOTEY MEDICAL EXAMINER: P.M. 214 INJURY OCCURRED Te. PLACE OF INJURY 211 LOCATION OR SOWN COUNTY MAN AT MONE STREET, FACTO FARM TICS AL WORK NOT WITH [ 27x I certify that It (this base and that in (my) to a painton death occurred a he date and hour and from the causes stated DEGREE ATTENDING **EMEDICAL** STAFF PHYSICIAN N DIRECTOR [ ] PHYSICIAN 22s. ADDRESS

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LOUDAR

AR

23d LOCATION CITY OR TOWN

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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230 BURIAL, CREMATION, REMOVAL

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24 FUNERAL DIRECTOR

23b. DATE

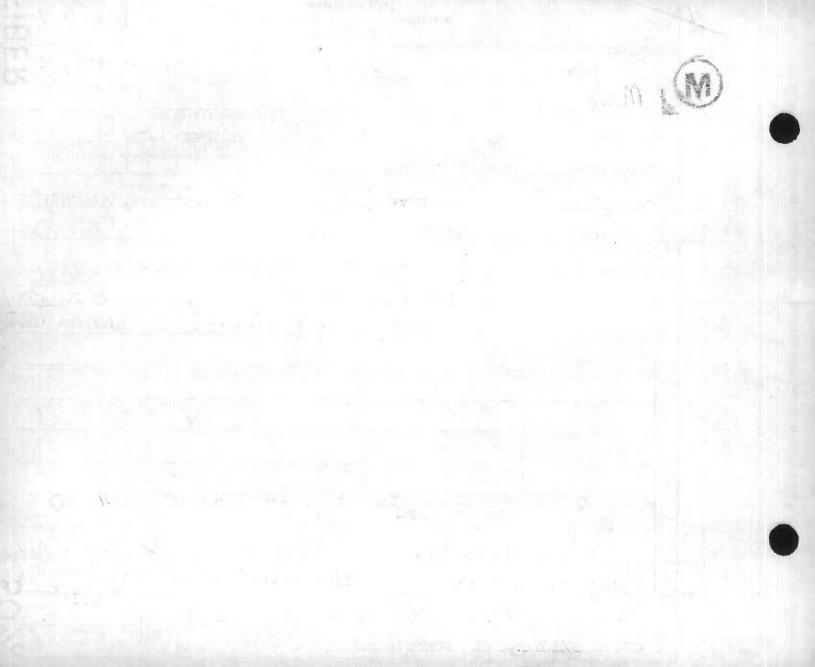
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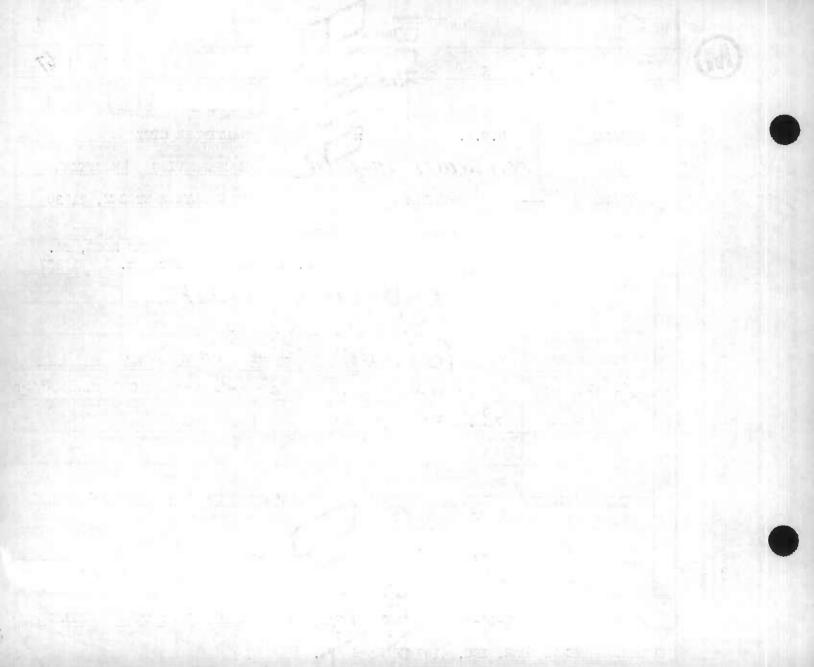
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

25a DATE REC'D. BY REGISTRAR 25h, REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4) STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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in signed by the after a step of the please remove contraction, cremotion, injury, or other traum:		PART 2. OTHER SIGNI	which diote the lost. (b) DUE TO, (c)	OR AS A CONSEQUI	ENCE OF	A. S. C.	INAL DISEASE OR CONI	DITION GIVEN IN	PART Iro	
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ECTOR: After d far use as th t of Health ar m 21 is marke		220.1 certify that	Tis hatelyal attended	19_		, 19, 19	, to death occurred on the do			
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5 dg 3 gg 4	1	BURIAL, CREMATION, RI (SPECIFY) Bunial	EMOVAL   236. DATE	236.1	vame of c	emetery or crematory and Memorial	23d. LOCATION CITY OR TOWN	Lto Ad		STATE
H - 16 50M 4/B2	24	FUNERAL DIRECTOR	mis her	O ADDRESS 1	115 R	10:26200 PVA	N 3 POR	256. REGISTRAR'S	SIGNATURE CALL	: 1

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TI III	M FATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	
AR Inda	FIRST Compaid	MIDDLE LAST	FIRST	WIDDLE	LAST
F. S.	Gerald  160 WAS DECEASED EVER IN U.S. /	D. Kornba ARMED FORCES? 166 SOCIAL SECU		ADDRESS	Bacon
NG PHYSICIAN: The wequest that the death strategies executed within 24 oftending physicion.  If the this certificate has been signed by the offending physicion and completely file as the buriol-transit permit. The policy of physicion propers, toges 1 and 2 should the and Mental Hygene prior to buriol, cremotion, or removal.  and death of the medical example of the inouncitic event, the medical example of the darked or them 18 shows on cather troumatic event, the medical example of the darked or them.	(YES, NO OR UNKNOWN) (IF YES	GIVE WAR OR DATES)			
	No			au SrR. D. #1,	
A CONTRACTOR	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per line far (a), (b), an SED BY:	d Icil		BETWEEN ONSET AND DEATH
ST.	1991 IMMEDI	TATE CAUSE (0) Kespina	tord insettic	rency	12 hours
NO TO	////	DUE TO, OR AS A CONSEQUE			15 md.
den	Conditions, if any, which gave rise to immediate	(b) Pulmor	iany metastes	2.4.8	75 476.
C aren	cause (a), stating the	DUE TO, OR AS A CONSEQUE			
- O		(c) Multipl			
2			DEATH BUT NOT RELATED TO THE TERM		
ON September 1	o congestine		, htperculcemia, i		
E Print	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
A Separate	19a. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING				YES NO
VIII hysicott	OR CONTRIBUTION CAUSE OF		AY YEAR 216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
KCIA B pl B pl Berrif intol	(IF EITHER NOTIFY MEDICAL EXAMIN	DEATH	19		
HYS ndin his o	(IF EITHER, NOTIFY MEDICAL EXAMINED 21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	211 LOCATION	CITY OR TOWN	COUNTY STATE
IVIS IG p other t s the	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORT, OFFICE, F	ARM, ETC )		
DIN or or see of the eofth		spital) attended the deceased from	Jan 14 1984	10 Jan 14	, 19 8 4 , that (I) (we) last
TTEN Sortoll For we of Hi	saw the deceased alive	on Tan 14 198	4 , and that in (my) (aur) apinion	death accurred on the date and ha	
REC Pept.	22b. SIGNATURE	nai) view the body differ death.	DEGREE		224. DATE SIGNED
the Document of the Country of the C	David C	Mondonan	MO ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	- 1-14-84
14 5 5 4 7	274 PHYSICIAN'S NAME (TYP	DE OR PRINT)	72e ADDRESS	J DIRECTOR D THI DICIAN E	1.,,,,,,
Sept Ped 180	Dan't co	soodman, M	D JOHN HO	PKIL, HOSP	Bait. MD
04 544 84	23g BURIAL CREMATION REMOV		NAME OF CEMETERY OR CREMATORY	123d LOCATION	
009999	Burial		thel United Method:	CITY OR TOWN	COUNTY STATE
77//80/	24 FUNERAL DIRECTOR				STRAR'S SIGNALIZE
DHMH - 16 50M 4/82	NAME	ADDRESS	50 York Rd. 250 DA	AN 2 U 1984	hing tokell
(VRA 15, 4)	Kuck Towson Fune	eral Home, Inc. Tov	vson, Md. 21204		

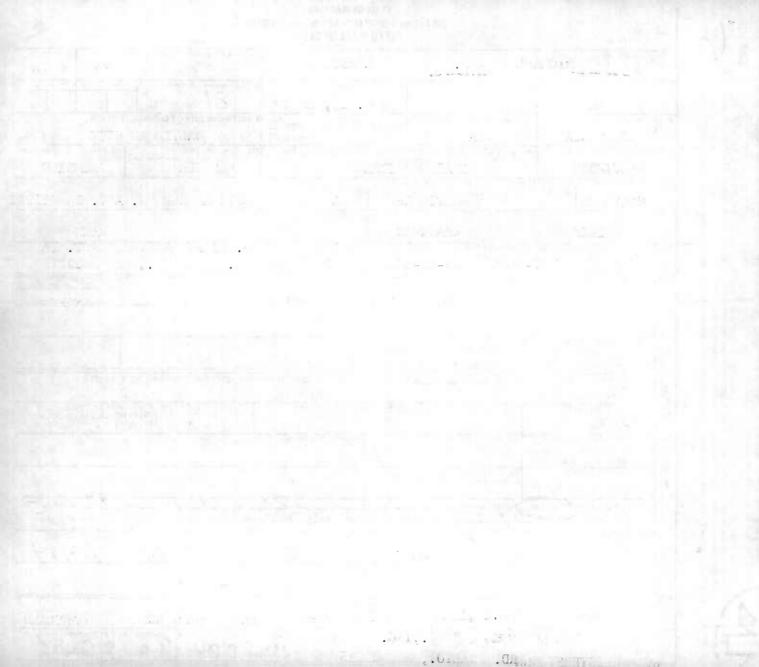
Hotel Mars a Mile and Co. Co. No. 351, No. 21 Clin Land

6010 REISTERSTOWN RD. BALTO, MD 21215

STATE OF MARYLAND

FOR

(VRA 15, 4)



	1 -	FOR STATE REGISTRAR -	DEPART	MENT OF H	E OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	REG. N	0 1	2 1 3
		CEASED NAME FIRST	WIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 26 HOUR
2017		Bessi	e L.	ŀ	Krauss		1 15	84
	3 SE	(	4 RACE	5. DATE (	OF BIRTH	6 AGE (IN YEARS LAST BIR	THOAY) IF UND	ER I YEAR IF UNDER 24 H
2		Female	White	9	11 04	79	YRS.	DATS HOURS M
35		RTHPLACE (STATE OR FOREIGN COUNTRY)	U. S. A.	MARRIE WIDOWI	D NEVER MARRIED DEDXX DIVORCED	Baltimore City C	ore City	
90	10 CI	Balto.	11. NAME OF HOSPITAL, NURSII (IF NOT IN SUCH FACILITY, GIVE STREE) 2025 MCHenry	T ADDRESS)		12a USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Housewi	ON 12b.	KIND OF BUSINESS ( DUSTRY
	USU/ 13a S		R OTHER INSTITUTION GIVE RESIDENCE BEFOR	RE ADMISSION)		13e STREET ADDRESS 2025 MCH	Balto.	, Md. , #21223
20	14 FA	THER'S NAME FRST  John	MIDDLE LAST L. Mar		15 MOTHER'S MAIDEN NA.	ME MIDDLE A.		LAST
e medicu		VAS DECEASED EVER IN U.S. AF		URITY NO.		9 Wilkems	*Ave.,B	
	NOI	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO	ENCE OF			DITION GIVEN IN	PART Iro
9	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206 IF YES, WERI IN CERTIFYING	E FINDINGS USED CAUSES OF DEATH?
9	MEDICAL CER	21g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE) 21d. INJURY OCCURRED	0111	AY YEAR	21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR	PART 2)
	ME	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE.	0 1	STREET	CITY OR TO	wn co	DUNTY STATE
S1 (2 (1)		220. I certify that (I) (this hasp sow the declassed alive a above, (I) (we hid) (did no 22b. SIGNATURE	mon promoco file decedido monta		nd that in (my) (our) opinion of	death occurred on the de		
=		274 PHYSICIAN'S NAME (TYPE	Dymi, 200			MEDICAL STAI		1-16.84
MPORTAN		SUSTA S	ar, iniega		1910-14 W	. ProH stru	t, Bollin	212 a.g. m.
	- (	urial, cremation, removal Burial	Jan.18,1984		Haven Cem.	Glen Bu	rnie A.	A. Md.
/81	G.	Traman Schu	wab 3512, Fr	ederic	ck Are, 250 DATI	Glen Bu ERECTO BY REGISTRAR N 2 0 1984	25b. REGISTRAR'S	& Canill

Maria de la companya 

tions its confiile i de la companya de la companya

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO 20. DATE OF DEATH L DECEASED NAME 2h HOUR LIYPE OR PRINTA 10:46P ELVIRA 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 1 2 9 17 Female White 54 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR FOREIGN 7h CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore City U.S.A. Maryland WIDOWED DIVORCED [ O CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126 KIND OF BUSINESS OR INDUSTRY Balto. (TYPE OF WORK FOR MOST OF WORKING LIFE)

Secretary Paint & Chem.

Baltimore St. Agnes Hospital SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) H3b. COUNTY Baltimore

18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c

13d. INSIDE CITY LIMITS? Lansdowne

3207 Ryerson Circle 21227 15 MOTHER'S MAIDEN NAME Elizabeth

MIDDLE

ADDRESS

Parous

21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

Anthony 16d WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN)

PART I. DEATH WAS CAUSED BY:

Conditions, if any, which gave rise to immediate cause (a), stating underlying cause last. AL SOCIAL SECURITY NO 217-24-3220

unrandia

ardio seni

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

Palumbi

William Krebs 3207 Ryerson Circle

17 INFORMANT

THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Ita

210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY

220.1 certify that (1) (this haspital) attended the deceased fram, 

HOUR A.M. MONTH DAY YEAR

21 LOCATION

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2)

20b. IF YES, WERE FINDINGS LISED

COUNTY

IN CERTIFYING CAUSES OF DEATH?

71d INJURY OCCURRED NOT WHILE

22b. SIGNATUR

19a DATE OF OPERATION

21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

ATTENDING

PHYSICIAN

and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated 22¢ DATE SIGNED

STATE

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

23h DATE

ST. AGNES HOSPITAL, BALTIMOREMD21229

DIRECTOR PHYSICIAN

MEDICAL

20n AUTOPSY?

NOX

CITY OR TOWN

1-23-81

Burial

230 BURIAL, CREMATION, REMOVAL

23c NAME OF CEMETERY OR CREMATORY Loudon Park Cemetery

DEGREE

MD

Baltimore

Maryland

24 FUNERAL DIRECTOR

(SPECIFY)

CERTIFICATION

3. SEX

Maryland 4 FATHER'S NAME

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

1/27/84

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH-16 50M 1/81 (VRA 15, 4)

ngo;-r puy-sylpo

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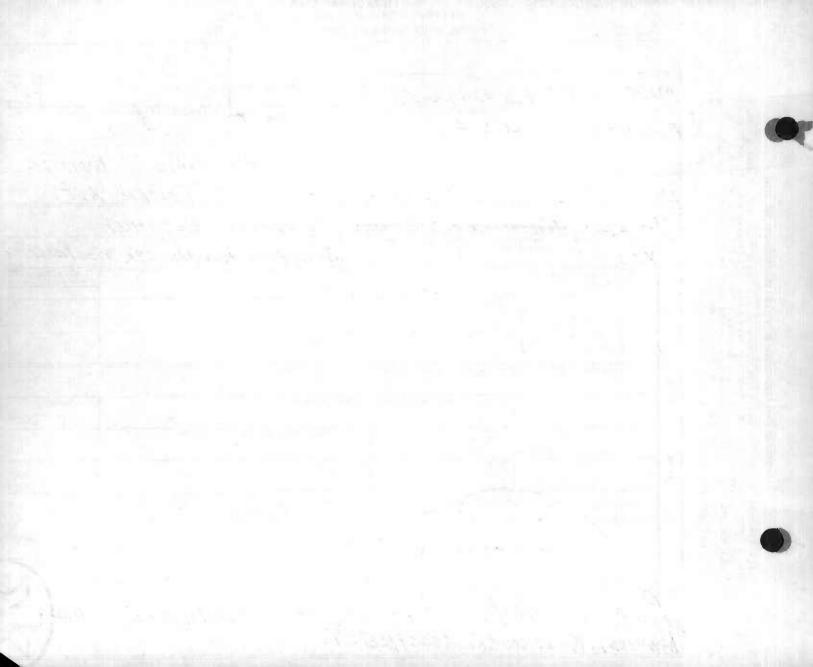
3. SEX 70. BIR 10. CIT BE JSUA 130. S' Ma	Female RIHPLACE (STATE OR FOREIGN OUNTRY)  ATVIAND TY OR TOWN OF DEATH ALTIMORE NL RESIDENCE (IF NURSING HOME O	TIRENE  4. RACE  White  7b. CITIZEN OF WHAT COUNT  USA  11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S'	S. DATE O	May 5, 1907	20. DATE OF DEATH MONTH  1-16-84  6. AGE   IN YEARS LAST BIRTHDAY   76 YR:  9. BALTIMORE CITY OR COUN	IF UNDER 1 YEAR	26. HOUR 6:55  IF UNDER 24 HI
3. SEX 70. BIR CO Ma 10. CII Ba USUA 130. S'	NELLI Female RTHPLACE (STATE OR FOREIGN OUNTRY) arvland TY OR TOWN OF DEATH altimore AL RESIDENCE (IF NURSING HOME O	White  7b. CITIZEN OF WHAT COUNT  USA  11. NAME OF HOSPITAL, NU	S. DATE O MONTH  M  TRY? 8.  MARRIEI	May 5, 1907	6. AGE   IN YEARS LAST BIRTHDAY  76 YR	MONTHS DAYS	IF UNDER 24 H
7a. BIR Ma 10. CII BE USUA 13a. S	Female RTHPLACE (STATE OR FOREIGN OUNTRY) arvland TY OR TOWN OF DEATH altimore NL RESIDENCE (IF NURSING HOME O	White  7b. CITIZEN OF WHAT COUNT  USA  11. NAME OF HOSPITAL, NU	MONTH M TRY? 8. MARRIE	May 5, 1907	76 YR	MONTHS DAYS	
70. BIR Ma 10. CIT Ba USUA 130. S'	RTHPLACE (STATE OR FOREIGN OUNTRY)  ATYLAND TY OR TOWN OF DEATH  ALTIMORE AL RESIDENCE (IF NURSING HOME O	7b. CITIZEN OF WHAT COUNT  USA  11. NAME OF HOSPITAL, NU	TRY? 8. MARRIEI	May 5, 1907			
70. BIR Ma 10. CIT BE USUA 130. S'	RTHPLACE (STATE OR FOREIGN OUNTRY)  ATYLAND TY OR TOWN OF DEATH  ALTIMORE AL RESIDENCE (IF NURSING HOME O	7b. CITIZEN OF WHAT COUNT  USA  11. NAME OF HOSPITAL, NU	RY? 8. MARRIE				
Ba USUA 130. S Ma	aryland TY OR TOWN OF DEATH  altimore  AL RESIDENCE (IF NURSING HOME O	11. NAME OF HOSPITAL, NU			The section of the second		
Bausu Ma	IY OR TOWN OF DEATH  altimore  AL RESIDENCE (IF NURSING HOME O	11. NAME OF HOSPITAL, NU		D NEVER MARRIED DIVORCED	Baltimore Ci	+ > 7	
JSUA 130. S Ma	L RESIDENCE (IF NURSING HOME O	(IF NOT IN SUCH FACILITY GIVE S	RSING HOME C		12a USUAL OCCUPATION	12h KIND OF	BUSINESS
USUA 130. S Ma	L RESIDENCE (IF NURSING HOME O			******	ITYPE OF WORK FOR MOST OF WORKING Self-employe	d Nelli	ayer
130. S		Belair Conv				Balto,	
		NTY 13c. CITY OR 1	TOWN	13d. INSIDE CITY LIMITS?	136. STREET ADDRESS	•	
	aryland	-  Balti	more	YES NO 1	5615 Mayview	Ave,	2120
-	FIRST	MIDDLE LAST		FIRST	MIDDLE	ŁAST	
	ohn U. Fitze				Spencer		
	AS DECEASED EVER IN U.S. AF	VE WAR OR DATES)	SECURITY NO.	17. INFORMANT	Balto,	Md. 21	206
No	0 -	213-1	L4-9974	Madeline N	Meyers,5615 M		
	18 CAUSE OF DEATH Enter o	nly one couse per line (a). (b)	sand is. A	110111		BETWEEN	MATE INTERVA
		TE CAUSE (o)	-010	WINIA			
	0399	0 -	tour Occor -	- 00 1.	00	0-	
	Conditions, if any, which	DUE TO, OR SAFESING	130G	RENAL	- FAILUR	6	
	gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSE	EOUENCE OF	212000	POSS (BU	5	
	underlying couse lost.	(c)					
CERTIFICATION	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110	,
718	190 DATE OF OPERATION	196. CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED		YES, WERE FINDIN	
重		FINE LINE			YES NO	YES	NO 🗌
7 8	216. ACCIDENT WAS UNDERLYING	LIGHT A M. MONITH	DAY VELO	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART   OR PART 2)	
1	OR CONTRIBUTING CAUSE OF DE		DAY TEAR				
MEDICAL	21d. INJURY OCCURRED	210. PLACE OF INJURY	17	21f. LOCATION		COUNTY	***
A A	AT WORLD AT WORLD	STREET, FACTORY, OF	FICE, FARM, ETC ]	STREET	CITY OR TOWN	COUNTY	STA*
			7/10	79		10 84	d
	22s I certify that it ithis hysg	fall attended the deceased for	to the second se	ad that in (mu) (aus) spinion	death accurred on the date and		mot (II (we
	obere, (I) (we idid fid n	of vise the body after death.			deoin occurred on the dote ond	nour ond from the	couses state
	27h MGNATURE	1100		DEGREE	IMEDICAL STAFE	11/1/	Por
	1 7100	us		PHYSICIAN	MEDICAL STAFF	1/16	10/
	24. PHYSICIAN'S NAME LITYPE	OR PRINT)	77	2.54 Scott	Adam Road	//	/
	ZUIS E.	KIVER	1	Cockevsy	ille, Marylan	nd 2108	3
230. B	BURIAL, CREMATION, REMOVA	L 23b. DATE	23c. NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
P	urial	1/19/84		n Pk. Cem.	Baltimore	e, Md.	STAT
		1/13/04	200001				
	INERAL DIRECTOR			175a D A I	E REC'D. BY REGISTRAR 256. REC	SISTRAR'S SIGNATI	IDE -

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Stote	tem#14 2/24/84 m ⁻ FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	122
	ECEASED NAME FIRST	MIDDLE LAST Zo. DATE KNOWN C. MONT OF ESTI-	H DAY YEAR 26. 1
N STREET	PALE WHITE	5. DATE OF BIRTH  1. DATE OF B	DAY YEAR 2d. 2:
要意識力が	BIRTHPLACE (STATE OR FOREIGN COUNTRY)  PARYLAND	U. S. A.    MARRIED   NEVER MARRIED   SALTIMORE CITY OR COU	ty
PAR BOND	CITY OR TOWN OF DEATH  Baltimore	11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  2530 Foster Avenue  124 USUAL OCCUPATION (TYPE OF WOR. FOR MOST OF WORKING LIFE)  **PROST OF WORKING LIFE)	RADIATOR
130 130 130	ND.	BALTIMORE YES X NO 1 2530 FOSTER	AVE.
	FATHER'S NAME  JOSEPH KE  WAS DECEASED EVER IN U.S. ARI	MIDDLE  (AST  LAST  LAST	* LAST
MITH FAGES I AND A STANDARD AND A ST	(YES, NO, OR UNKNOWN) (IF YES, GIVE	MED FORCES? WAR OR DATES)  166. SOCIAL SECURITY NO.  17. INFORMANT  JOSEPHINE KUCHARCZYK  (b) and (c).)	2530 FOSTER
KRING THE WORD FENDING IN PROLING TO SENDING STANDING ALONG WEBE TO THE CHIEF MEDICAL EXAMINER ALONG WEB SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. TE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DO PRIOR TO BURIAL, CREMATION, OR REMOVAL.	Conditions, if any, which gave rise to immediate cause (a) stating the underlying cause lost.  PART 2 DTNER SIGNIFICANT CONDITIONS	TE CAUSE (0) AORTIC STENOSIS  OUE TO, OR AS A CONSEQUENCE OF  (b) DUE TO, OR AS A CONSEQUENCE OF  (c)  CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0).	
AENT OF HEALTH O BURIAL, CREA	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
STATE DEPARTMENT OF 21201 PRIOR TO BUR			PART 2)
MEDICAL	WHILE NOT WHILE DAT WORK	THE PLACE OF INJURY LATHONE 216 LOCATION STREET CITY OR TOWN	COUNTY
NA CANA	death resulted form		E 1/9/84
BARTIMORE, MAI	EXAMINER'S NAME (TYPE OR PRINT) T	homas D. Smith, M.D. ADDRESS 111 Penn St., Balto., Mo	DUNTY STATE
(5))	INERAL DIRECTOR	OROWSKI 2525 FLEET ST. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR 250. REGISTRA	SSIGNATURE CALLED



8		1-	FOR STATE REGISTRAR		•	DEPARTA	NENT OF H	EOF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 4	0.	1 2	2
MUL	-		EASED NAME FIRS	ST.	-	MIDDLE	į	AST	20 DATE OF DEATH	MONTH DAY	Y YEAR 26	h HOUR
4 6	-		Madel	line			Kuc	zinski		1 15		8:06pm
0		1,5£)	EDC III - R	4 RACI			5. DATE C		6 AGE (IN YEARS LAST BE	ITHDAY) IF		FUNDER 24 HRS
Page 4 mor		1	Female	. (	Cauc	P.	9	30 1905	78	YRS		
2 63	25		THPLACE   I I FATE OR FOREIG	N 7b CIT1	ZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY O	FDEATH	
	(1)		Md.		J.S.		WIDOWE	D DIVORCED	Baltimor			MD.
D offer of	33		Baltimore	(IF I	Johr	Hopkin Hopkin	s Ho	SP.	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST) Elev. Or	OF WORKING LIFE)	12b. KIND OF 8 INDUSTRY	BUSINESS OR
24 Anger	35	JSU,	AL RESIDENCE (# NURSING HO	OME OR OTHER IN	STITUTION	GIVE RESIDENCE BEFORE 134. CITY OR TOW Baltimo	N	13d INSIDE CITY LIMITS? YES X NO []	13e STREET ADDRESS		er St.	4
是四種語	0	IL FA	THER'S NAME	MIDDLE		LAST		15. MOTHER'S MAIDEN NA	ME		LAST	3-2
A = - 15 1	300		John	MIDDLE		Lind		Barbara	WIDDLE		LAST	
2 2	21		VAS DECEASED EVER IN U.	S. ARMED FO		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDR	ESS		
N 24 36 167	1/		No	IES, OIVE WAR OF	DATES	213-01-	6472	John Kuczi	nski 144	N. Sti	reeper	St.
OLD OF THE STON ST. IN CO.	or other traumatic even		Conditions, if any, whis gove rise to immedia cause (0), stating to underlying cause to	ch tree he DL	JE TO, O  (b)  JE TO, O  (c)	R AS A CONSEQUE	NCE OF	ASCU	n for e	lin	u de	
TAL DECOLOS. The low required to the second	shows ony injury	CERTIFICATION	19a. DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYII	191	. COND			NOT RELATED TO THE TERM  N WAS PERFORMED  216. HOW INJURY OCCURE	200 AUTOPSY?  YES NO	20b. IF YES, V IN CERTIFY!! YES	WERE FINDING NG CAUSES OF	S USED F DEATH?
IAN: phys	Hyg.		OR CONTRIBUTING CAUSE			M. MONTH DA		TICTIOW INJUNT OCCUR	TED TENTER NATURE OF INJ	JRY IN HEM IS PAR	TORPART 2)	
DIVISION OF VITAL NG PHYSICIAN: The free this certificate h	ond Ment	MEDICAL	(IF EITHER, NOTIFY MEDICAL EX  21d, IN JURY OCCURRED  WHILE NOT WHILE AT WORK	216	PLACE	M. OF INJURY REET, FACTORY, OFFICE F	ARM ETC.)	211 LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
ATTENDIN spirol or CTOR: Aft	of Health		220.1 certify that (1) (this saw the deceased all above, (1) (we) (did) (did)	IVA OD	1-	(A 10 Y		nd that in (my (aur) apinion of	death accurred on the c	ate and hour o	and from the cou	
off AL OR the ho	serochec State Dept		22d PHYSICIAN'S NAME	MWW (TYPE OR PRINT)	1	Pum	My	DEGREE  ATTENDING PHYSICIAN  122e ADDRESS	MEDICAL STA	FF CIAN []	1 - 1 (	5 - PY
O HOSI	MPORTA		Marvin	Rombi				805 Fusela		Balto	., Md.	21220
			SURIAL, CREMATION, REMO	OVAL 23b.	DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		COUNTY	STATE
BP		24 5	Burial	11/	19/	84 ISt	. St	anislaus Cei			R'S SIGNATUR	Wd.
DHMH - 16 50		-	INERAL DIRECTOR			ADDRESS	~ 7 .		JAN 2019	84 KEGISPR	- Luc	Comera
(VRA 15,	. 4)	B	Dabrowski	& S	on a	OIO E.	Balt	imore St.		4	-0	

1 15 5 5 i o l . . . .J. See Herry . Levy to the transfer of Tind Land . Signature of the contract of . Transfer in the second of th La ta esperantia de la posta de la posta de la constante del constante de la c THE REAL PROPERTY.

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Manager Company Continued Continued

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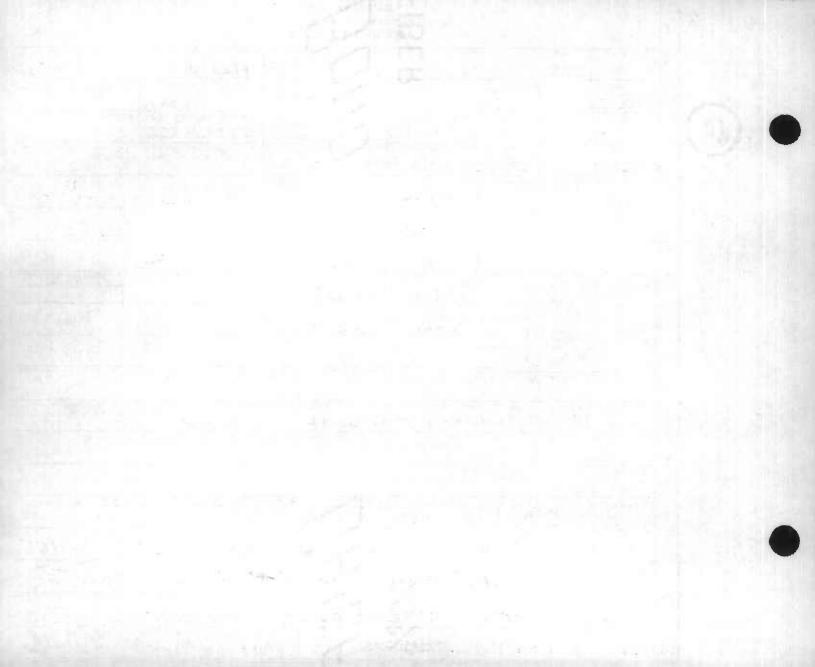
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2	1 -	STATE REGISTRAR	DEPA		ICATE OF DEATH	REG. N	0.	E dis	
		EASED NAME FIRST  OR PRINT)  BESSIE	MIDDLE L.		<b>T.E</b>	120 34	MONTH DAY	YEAR	26 HOUR 10 12
1	SEX	DIJOSHI	4. RACE	5. DATE (	OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UN	NDER TYEAR	IF UNDER 24 HRS
21		female	black	4	4 1918		65 YRS.		
20		THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
ч.	CIT	Md Y OR TOWN OF DEATH	USA	WIDOWI		BALTIMORE 1120. USUAL OCCUPATI		ar KINID O	MD F BUSINESS OR
4	1	ALTIMORE	THE UNION MEN	REET ADDRESS) ORIAL F	OSPITAL	(TYPE OF WORK FOR MOST C		NDUSTRY	F BUSINESS OK
5	3a S	L RESIDENCE (IF NURSING HOME OR ATE 136 COUN		OWN	13d. INSIDE CITY LIMITS? YES X NO _	13e STREET ADDRESS 11 W. 20	/ ZIP CODE th Stree	212 et ap	
2		HER'S NAME FIRST Lijah		lliams	15. MOTHER'S MAIDEN NA FIRST  FORM	WIDDLE		illia	ms
1 16			E WAR OR DATES)		17. INFORMANT	ADDRI			
=	_	No I	N/		Betty Johnson	300 Easaal	e Road	APPROXI	MATE INTERVAL ONSET AND DEATH
		PART I. DE ATH WAS CAUSE			amest			BETWEEN	DNSET AND DEATH
		5692 MMEDIA	DUE TO, OR AS A CONSE			*****			15.1
		Conditions, if ony, which	( b) Sept	اد دا	lock -				
		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	OUENCE OF					2.37
	NO	PART 2. OTHER SIGNIFICANT (	CONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN II	N PART 100	a,
2	CERTIFICATION	9a DATE OF OPERATION	PERFORATED		BOWEL	200 AUTOPSY?	20b. IF YES, WE IN CERTIFYING	G CAUSES	
		21g. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1	OR PART 2)	
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFF	FICE, FARM, ETC.)	21f. LOCATION STREET	CITY OR TO	IWN	COUNTY	STATE
		22a.1 certify that (1) (this haspi saw the deceased alipon above, (1) (we) (did) (did no	and 1 20 when the body after death.	12/1984.0	nd that in (my) (our) opinion	deoth occurred an the d	. 17		that (I) (we) last couses stated
1		276. SIGNATURE S. FERENA	éhau	1	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c. DATE	20/84
1		SHATE FO	ERESHEILA		UNION		gr t	tosp	PATE
2		JRIAL, CREMATION, REMOVAL PECIFY)  Burial			emetery or crematory ary Cemetery	23d LOCATION CITY OR TOWN Anne Art	undel C	_	state Md
		NERAL DIRECTOR	77 /TI 1101 TO ARREST	Whith Asso		TE REC'D. BY REGISTRAR	256 REGISTRAR	SSIGNAT	URE .
V	VL_	liam C. March	LAH TIOT E. MC	DI CII AVE	37	111 2 0 1304	John	-0-4	- Charles

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201



2 13		FOR	DEPART		OF MARYLAND EALTH AND MENTAL HY	GIENE 8 4	0 1 2 2 4
	1 -	STATE REGISTRAR			CATE OF DEATH	REG. NO.	
-		CEASED NAME FIRST	WIDDLE	LA	AST	20. DATE OF DEATH MON	TH DAY YEAR 26 HOUR
		BABY BOY	LTWIN B	4	9130		26 84 248 pm
((3:)	3. SEX	nale	CAUCASIAN	5. DATE OF	DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
2	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8		A DALTIMORE CITY OR CO	
1 100		MD (VAINUO	USA	WIDOWEL	D NEVER MARRIED A	BA	LTIMORE CITYMO.
1111		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI		R OTHER INSTITUTION	128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	12b. KIND OF BUSINESS OR INDUSTRY
11/20		BALTIMORE	OTHER INSTITUTION GIVE RESIDENCE BEFORE	M-		INFANT	
1 19 35	13a S	TATE 21817 NO COUN	HITY IS CITY OR TON	NN I	13d. INSIDE CITY LIMITS? YES NO	13e.STREET ADDRESS / ZIP	
ithin 2 she	14 FA	THER'S NAME			15. MOTHER'S MAIDEN N.	AME	TES KOND
w be ond bud		MARK A	NTHONY LAX	30	LINDA	JEAN	INSLEY
dico di		(IF YES, GO	RMED FORCES? 166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADDRESS	
rs. Po		NO			CHART		
hysic pope lovol.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line far (a), (b), a ED BY:	nd ic	111111111111111111111111111111111111111	an ECT	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certifi ing p rbonp r rem ic eve		71.50 IMMEDIA			noward A	RRESY	
tend ve co on, o		Conditions, if any, which	DUE TO, OR AS A CONSEQU		PREMATUR	RITY	
the d remove emoti		gove rise to immediate cause (0), stating the	DUE TO, OR AS A CONSEQU		100 11.717 001	2	
d by eose ol, cr		underlying cause lost.	(c)			•	
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ny in	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b	b. IF YES, WERE FINDINGS USED
hos b hos b perm perm pows o	IIFIC	1/26/84	BILATOVAL	MOST	Tubos		CERTIFYING CAUSES OF DEATH?
ysicio cote nonsit Hygin	CERI	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH	AV VEAD	21c HOW INJURY OCCUI		
ding physici is certificate buriol-transi Mental Hygi	CAL	OR CONTRIBUTING CAUSE OF DE		19	Debelon Line		
or attending After this cert is as the burial alth and Menti morked or Ite	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	FARM, ETC )	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
After os t lith o		AT WORK AT WORK		1/-	6	4 10 1/26	64
on on one of the one o		saw the deceased alive on	pital) attended the deceased from,	\$4 on	d that in (my) (aur) apinior	, 10	nd hour and fram the causes stated
DIRECT DIRECT Dept. o		abave, (1) (we) (did) (did no 22b. SIGNATURE	at) view the body after death		DEGREE		22c. DATE SIGNED
. 4		8 Lult 9	fronco		MD ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	× 1/26/84
FUNERAL UID BE Get ORTANT:		224 PHYSICIAN'S NAME (TYPE			22e ADDRESS		BALTIMORE, M
TO FUNERAL should be det with the Store		ELIZABETH	FRONC, M	.D.	UNIVO	F Md Hos	P 21201
	23a B	URIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	- CITY OF LOWN	COUNTY
BP	24 51	BURING INERAL DIRECTOR	1/29/84 5	JUNY	RIDGE CEMETA	TE DECID BY DECISION	Somewer - MD.
		THE NATE DIRECTOR			1 Za. U A	AUL PROPERTY OF THE PROPERTY O	ECOLORKES STORNATURE A

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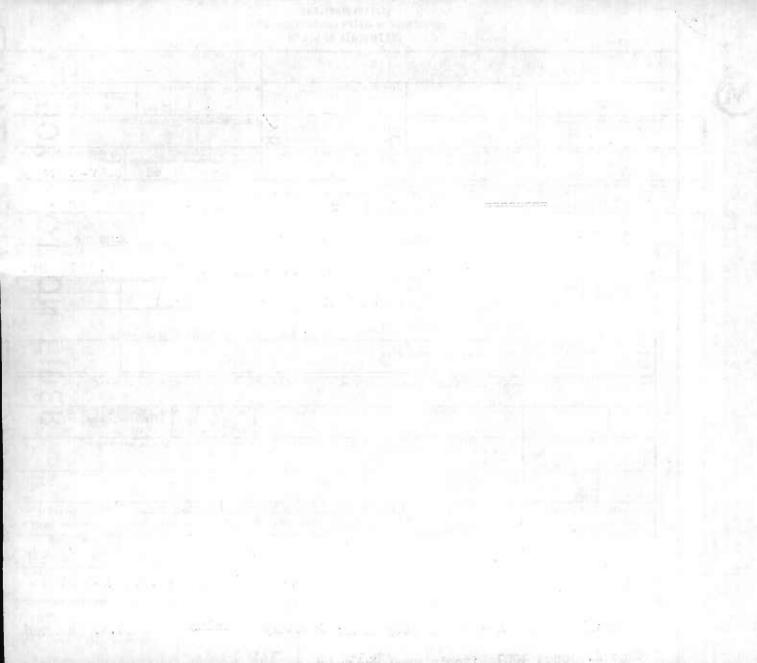
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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the rem	b		gave rise to immediate cause (a), stating the	DUE TO, OR AS	A CONSEQUE	ICE OF					
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ires t n ple burio			PART 2. OTHER SIGNIFICANT	CONDITIONS CONTE	RIBUTING TO D	ATH BUT NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NDITION GIV	EN IN PART 10	01
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beer mit.	0	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH C	PERATION WAS PERF	ORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	GS USED
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ding ding Me Me	1	MEDICAL	21d. INJURY OCCURRED	21e PLACE OF IN		211 LOCAT	ION				
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		7-1	228.1 certify that (I) (this has	oital) attended the de-		1-1	10.83	. 1 - 2	- 7	· C.7	
ATTENDIN ospital or o ECTOR: Aft of for use or t. of Health			sow the deceased alive a	A 100		4 , and that in (m)	- ' '	death accurred on the	data and have		that (1) (we) la
R ATTEN haspital RECTOR ned for user ppt. of He			above, (I) (we) (did) (did)	ot) view the bady after	deoth.		y, (our, opinion	acam occorred an me	oute and had		
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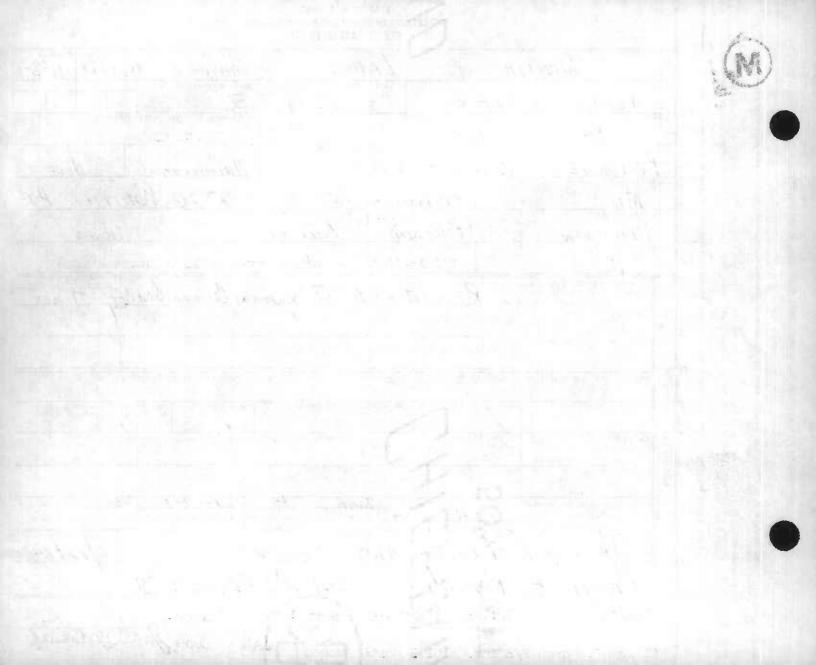
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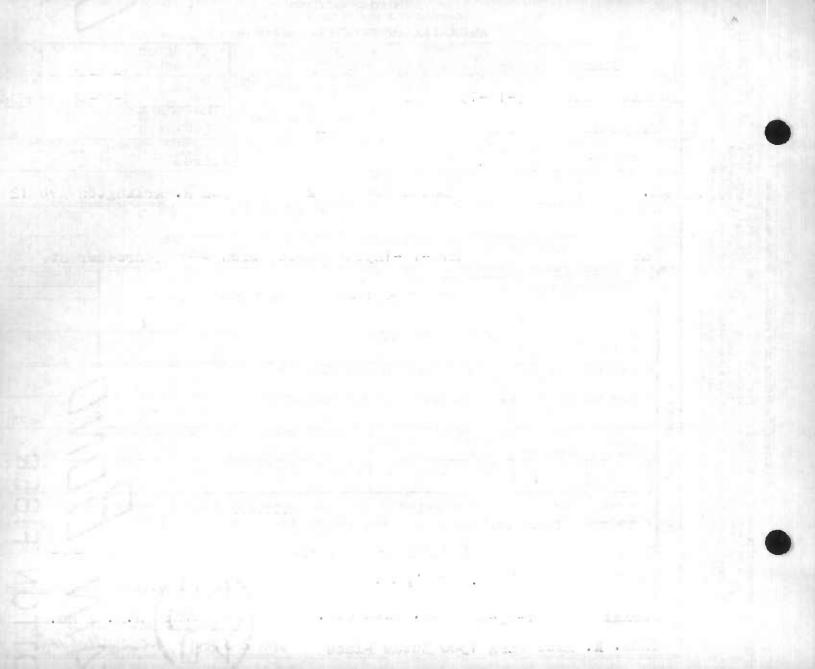
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



					STATE OF	MARYLAND	E	0	1 17 "	7 2
1-	FOR STATE					H AND MENTAL		U	Sec. 30	5 1
	REGISTRAR		ME		MINER'S	CERTIFICATE		REG. NO.		
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	Cla		REBECCA		LANE		DEATH M	ATED .	11-919	
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7a E	SIRTHPLACE (STATE	OR	76 CITIZEN OF W	HAT COUNTRY?	8 MAR	RIED NEVER MAI	RRIED 9. BALTIMOR	E CITY OR COL	INTY OF DEATH	
	Marylan		USA		WIDO	WED A DIVO		ore City		
10. C	ITY OR TOWN OF		11. NAME OF HO	SPITAL, NURSING	HOME, OR OT	HER INSTITUTION	126 USUAL OCCUPAT	TON (TYPE OF WOR	RK 12b. KIND OF OR INDU	BUSINESS STRY
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M	Id.			Balti	more	YES MO		Arlin	gton A	ve 1
14. F	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MA	IDEN NAME	E	1241	
	FIRST		. Alberta	rwo1		FIRST	MIOD		1031	
160.	WAS DECEASED EN	ER IN U.S. AR	MED FORCES?	166 SOCIAL SE		17. INFORMANT		ADDRESS		
,	YES, NO, OR UNKNOWN)	(11 165, 0146	WAR OR DATES!	216-16	-1250a	Marth	Ebron 324	Schro	eder S	t
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	AT WORK A	TWORK								
	220 I certify th	at I toak charg	je of the remains de	escribed obove, hel	d on Auto	psy . Inspec	tion XX Inquiry	, ond in my	opinion	
	death resulted f	ram Natur	ral causes XX.	Accident .	Suicide	, Hamicide	Undetermined monn	er .		
		110		A . [1]	0.0	TITLE (SPECIFY)				CHE
1/	SIGNATURE	May	when	Mreyn	ull.	M.D.Assistar	MEDICAL EXAMIN	ER SIG	TE NED 11-14-	-84
1	EV									
	EXAMINER'S NA (TYPE OR PRINT)	Me Mar	garita A.	Korell,	M.D.	_ADDRESS_111	Penn Street			- 6
23a.	BURIAL, CREMATIO	N, REMOVAL 2	3b. DATE	23c. NAME	OF CEMETERY	OR CREMATORY	23d. LOCATION		OUNTY	STATE
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24	FUNERAL DIRECTO	?				250. DAT		256. REGISTRAR		-
	Chas. A	. Rice	FSPA 1	300 Eut	aw Dl	14 92	AN 4 5 1984	John	In Come	LA
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96 4 до	3. SE.	Male	Cave	wion	S. DATE C		YEAR	6. AGE (IN YEARS LAST BIRT	HDAY] IF U	INDER TYEAR	IF UNDER 24 HRS HOURS MIN.
deoth. Poge		RTHPLACE (STATE OR FORE COUNTRY)  Iarvland		WHAT COUNTRY?	8 MARRIEI WIDOWE	NEVER MAI	RRIED -	Baltimore city o			MD.
s ofter d	E	ortown of DEATH Baltimore	11. NAME OF	HOSPITAL, NURSII UCH FACILITY, GIVE STREET CY HOSPI	tal	R OTHER INSTITU	JTION	(TYPE OF WORK FOR MOST OF  Machinis	ON FWORKING LIFE)	Tab. KIND O INDUSTRY	r Bros.
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be execut on and co		VAS DECEASED EVER IN U.S. AR. YES, NO OR UNKNOWN) YES, W. W. W.	MED FORCES?	215-05-		Pearl		ADDRE Lanehardt			3e
quires that the death certificate signed by the ottending physici from please remove carbon paper to burial, cremotion, or removal, injury, or other traumant event, the	NO	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, (b)  DUE TO, (c)	OR AS A CONSEQUED OR AS A CONSEQUED CONTRIBUTING TO	Small ENCE OF	Care Inor		Lung INAL DISEASE OR CONL	DITION GIVEN	IN PART 110	>
on. has been to permit. I permit. I ows only it.	CERTIFICATION	19a DATE OF OPERATION	19P CON	DITION FOR WHICH	OPERATIO	N WAS PERFORM	AED	20a AUTOPSY?	20b. IF YES, V IN CERTIFYIN YES [	NG CAUSES	OF DEATH?
3 PHYSKIAN: The trending physicions in this certificate the buriol-tronsit and Mental Hygies and Mental Hygies and or item 18 should be treed or item 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA LIFE ETHER, NOTHY MEDICAL EXAMINER 210. INJURY OCCURRED  WHILE NOT WHILE	HOUR A	OF INJURY A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE	AY YEAR 19	216 HOW INJU		ED (ENTER NATURE OF INJUR	7	OR PART 2)	STATE
ittenDINC pital or a CTOR: After far use os of Health		220-1 certify that (I) this haspi sow the deceased olive on above, (I) (we) (did) (did no	1103	19	3 . or	28 ad that in (my (au	19 <u>83</u> ur) apinion d	to 100 deoth accurred on the do			
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DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	UNERAL DIRECTOR Duda-	Ruck,	Inc.				RECD BY REGISTRAR N 1 0 1984	imore, 25b. Registra		MD. URE

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poge 3	(TYPE	CEASED NAME BESS:	e	Latk	oul/		MONTH DAY	VEAR 26 HOUR
s ofter o	3. SE		White	5. DATE	OF BIRTH DAY YEAR 1 / 892	6. AGE IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR IF UNDER 24
72 hou	70. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT C	MARR	IED NEVER MARRIED DIVORCEDXX	BALTIMORE CITY O	R COUNTY OF	DEATH 2/TY
0//	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITA		OR OTHER INSTITUTION  0 W. 40th St.	120 USUAL OCCUPATI (TYPE OF WORK FOR MOST O Homemaker	ON	12b. KIND OF BUSINES: INDUSTRY
		AL RESIDENCE (IF NURSING HOME OF TATE  Maryland	INTY 13c. CIT	DENCE BEFORE ADMISSION TY OR TOWN Altimore	134 INSIDE CITY LIMITS?	130. STREET ADDRESS 700 W . 40t	h St. 2	21211
100	JA FA	THER'S NAME OHN DAVIS	5 Mc Clu	bbin, Jr	Ida FIRST	Jane		Eaton
Pages		VAS DECEASED EVER IN U.S. A (ES. NO OR UNKNOWN) (IF YES, G	RMED FORCES? 166 SC	7 461278	I Mr. T.K.M	ADDRECCUBBIN 5795		21212 spring Rd.  APPROXIMATE INTERV.  BET WEEN ONSET AND DI
. Then please remov or to burral, cremation injury, ar other trai	ION	Conditions, if any, which gave rise to immediate cause (o), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	(c)CONDITIONS <u>CONTRIB</u>					
ows ony	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION F	OR WHICH OPERAT	ON WAS PERFORMED	YES NO		GRE FINDINGS USED G CAUSES OF DEATH
rial-transit per ental Hygiene Item-18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.M. M	RY ONTH DAY YEA IS		RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART	I OR PART 2)
hand M	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	210. PLACE OF INJU	JRY ORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	CITY OR TO	WN	COUNTY STA
for use of Healt		270.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did n			and that in (my) (aur) apinion	death accurred on the d	19_ ate and hour an	
RAL DIRECT detached state Dept.		276 SIGNATURE Veuch	welsen	m u	DEGREE  ATTENDING PHYSICIAN  1220 ADDRESS	MEDICAL STA	FF CIAN O	1-12-8
should be deti with the State		E. Hunter Wi			Medical A	cts Bldg		
v 2 Z		SURIAL, CREMATION, REMOVA SPECIFY) Burial	23b. DATE 1-16-84		CEMETERY OR CREMATORY  MOUNT	23d LOCATION CITY OF TOWN Baltimone		DUNTY STA
50M 4/B2 15, 4)		INERAL DIRECTOR itchell-Wiedef	1d Home 650	O York Ro	ad 21212 JAN	1 8 1984 S	b REGISTRAF	CARRELL

ico cil-vienti cie con accessor alla Militara James Car. injury, or other troumotic event, th

MPORTANT: If them 21 is

FOR STATE

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

-		KLODIKAK						REG.	NO.			
		CEASED NAME EIRST	MIDI	D(£	ŧ.	AST		20 DATE OF DEATH	MONTH	DAY	YEAR	26 HOUR
	1	HILDA	1		LAUMA	STER			01	28	84	10:20Pm
	3 SEX	×	4. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTH	DER I YEAR	IF UNDER 24 HRS. HOURS MIN.
	1	FEMALE	WHIT	E	05	25	ÖĨ		82 YRS		DATE	May,
Ĺ		RTHPLACE (STATE OR FOREIGH	76 CITIZEN OF WE	HAT COUNTRY?	8.	NEVED	MARRIED	9. BALTIMORE CITY	OR COUN	ITY OF D	EATH	
2		MARYLAND	U.S.	Α.	WIDOWE		NORCED	BALTIMORI	E CIT	Y		MD.
9		BALTIMORE	(IE NOT IN SUCH E	SPITAL, NURSING ACILITY, GIVE STREET A ELLAMO	DDRESS)		21230	126 USUAL OCCUPA (TYPE OF WORK FOR MOS HOMEMAK)	TOF WORKING	GLIEE) 12	L KIND O	F BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HISTATE MARYLAND	ITY 13	VE RESIDENCE BEFORE BE CITY OR TOWN BALTIMOR	N	13d INSIDE YES 🔀	CITY LIMITS?	13e.STREET ADDRES			STRE	ET, 21230
0	14. FA	THER'S NAME HARRY	MIDDLE	HORN			S MAIDEN NAM	MIDDLE			UNKN(	OWN
		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16	66. SOCIAL SECUI	RITY NO.	17 INFORM	ANT	ADE	PRESS			
9		NO		215-01-3	3007	ALTA	J. HORN	1603 S.	ELLA	MONT	STRI	EET, 21230
		Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR A	AS A CONSEQUE	NCE OF	NOT RELATE	D-TO THE TERM		ONDITION	GIVENIN	J PART III	es.
0	NO	Brea	est la	ance	1,	En	rome	c die	y a	is	las	el
1	CERTIFICATION	190 DATE OF OPERATION	196 CONDITIO	ON FOR WHICH	OPERATIO	N WAS PERF	ORMED	YES NO				NGS USED OF DEATH?
1		210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE.	HOUR A.M.		Y YEAR	21c. HOW I	NJURY OCCURE	RED (ENTER NATURE OF IN	JURY IN ITEM	18 PART I C	PART 2)	SKES!
	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF	INJURY I, FACTORY, OFFICE FA	ARM, ETC.)	211 LOCAT	ION	CITY OR	10WN	C	OUNTY	STATE
	J	220   certify that (1) (this hosp sow the deceased alive on above, (1) (we) (400) (did no	- 12	-30 19 F	4.01	nd that in (m)	, 19 <u>8</u> (our) opinion (	death occurred on the	date and l	, 19 <u>&amp;</u> hour ond		that (I) (we) lost couses stated
		276 SIGNATURE QUANT	mille	12	M	DEGREE		MEDICAL ST DIRECTOR PHYS	TAFF SICIAN [		1/3	SIGNID F
1		339 BHAZICIAN, Z BARWE LAME	pa benery.			22e ADDRE	SS					
	4	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I	ILLIPS, M					ORE NATION	AL PI	KE		
	23a. B	BURIAL, CREMATION HEADVAL					CREMATORY	23d LOCATION CITY OR TOWN		COU	NTY	SIATE
-		BURIAL	02-01-8	4 PA	KKW00	OD CEM	ETERY	BALTIMO	KE CI	T. X	1	MARYLAND

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

PARKWOOD CEMETERY 21229 250 14 FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

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				12.14
	1	2-15-4	azci M.	2.45
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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injury, or other troumotic event,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

-1	RE	GISTRAR				CENTIF	CALLOLD	EATH	RE	G. NO.					
		SED NAME	FIRST		MIDDLE	U	AST		2a. DATE OF DEA	ТН МОМТН	DAY	YEAR	2b. HOU	R	
1	(TYPE OR PE	RINT)	Hiran	n	Α.		Leach		Januar	22,19	84		7:00	AM	
1	3. SEX		11-12	4. RACE		S. DATE O			6 AGE (IN YEARS L		IF UND	ER I YEAR	IF UNDER	24 HRS	
		ale		Whi		момтн 08	11	1894		89 YRS			HOURS	MIN.	
1	COUN	PLACE (STATE OF STATE	OR FOREIGN	16. CITIZEN OF		RY? 8 MARRIEI WIDOWE	NEVER A	ARRIED -	9 BALTIMORE C	TY <u>OR</u> COUN More C		EATH		MD.	
		OR TOWN OF D	EATH	11. NAME OF	HOSPITAL, NUE	RSING HOME O		NOITUTI	12a. USUAL OCCI	PATION	12 b.		F BUSINE		
		timore		Maryla		eral Ho	spital		Sta. Eng	ineer	LIFE) IN	dustry U <b>nk</b>	cnown		
1	USUAL RE	ESIDENCE (IF NO	13b COUN	OTHER INSTITUTION, TY	134. CITY OR T		13d. INSIDE C	ITY LIMITS?	13e. STREET ADDR	ESS					
1		yland	A.	Α.	Glen B	urnie	YES 🗌	NO K	308 Mil	ton Ave	enue	2	21061		
1		R'S NAME FIRST	A	AIDDLE	LAST			MAIDEN NAA	MID	DLE	n	LAS1	T.		
8		harles DECEASED EVE	RINIIS ARA	AED FORCES?	Leach		17. INFORMA	therine		DDRESS	K	lich	11076		
1	IYES, N	OR UNKNOWN)		WAR OR DATES		6-4939			drovik 7	134 Rac	e Rd		21076		
		CAUSE OF DEA	1				HOLING	BCC OII	GIOVIN 7	LJT RAC			MATE INTER		
H		PART I. DEATH	WAS CAUSED	BY:		onia, Re	nal Fa	ilura						DEATH	
		48/01	MMEDIAT	E CAUSE (a)	- 110 01110	711247 110	7141 TU.	LAULE				/ Da	aus_		
1	>	1000		DUE TO, O	R AS A CONSE	QUENCE OF					-				
1	go	onditions, if or ove rise to in	mmediote	(b)											
		ouse (o), sto		DUE TO, O	R AS A CONSE	QUENCE OF									
				(c)											
		RT 2. OTHER SIG	GNIFICANT	ONDITIONS CO	DNIKIBUTING	TO DEATH BUT	NOI RELATED	TO THE TERM	INAL DISEASE OR	CONDITION	SIVEN IN	PART 116	2,		
	CERTIFICATION 100	DATE OF OPER	ATION	TIN COND	ITION FOR WH	ICH OPERATION	N WAS PERFO	RANED	20a AUTOPSY	120b. IF	YES, WER	E FINDIN	NGS LISER	)	
1	FF	57.112 07 07 21								IN CER	TIFYING		OF DEAT	H?	
7	210	ACCIDENT WAS U	INDERLYING	21b. TIME O	F INTURY		21c HOW IN	IURY OCCURR	YES NO		YES	D D A D T 21	NO [	1	
	OR OR	CONTRIBUTING		TH HOUR A.	M. MONTH	DAY YEAR		JOK! OCCORN	LED LEIGHER WALONE	F INSONT HATTEM	0 7 7 7 1 0 7	1.041.83			
ı	2	IF EITHER NOTIFY ME		_	M.	19	211 LOCATIO	AN .			11 10				
1	A 14	I. INJURY OCCU	WHILE	21e PLACE	REET, FACTORY, OFF	ICE, FARM, ETC )	STREET	)N	CITY	OR TOWN	cc	YINUC	5	TATE	
	AT V	WORK ATV	VORK			Tanua	76	0 /	7000			D.A	-		
H	220	I certify that				Janua 84		. 19 84	teath accurred on				that the (v		
Ē			(did) (old not	view the body	after death.	y, on		(our) opinian c	death accurred on	he date and h	aur and t	rom the	couses sta	ated	
	27b	SIGNATURE	100	11		A	DEGREE	TTENDING	MEDICAL	STAFF .	27	2c. DATE	SIGNED	01	
		12m	uce	- AN	ame	2,11,0		HYSICIAN [	DIRECTOR   PI				39	S.	1
	22 d.	. PHYSICIAN'S	NAME (TYPE OF	PRINT)			22e ADDRES	S				1 /			
		Bruc	e Shame	es M.D.			0/0 M	aryland	General	Hospin	tal				
		AL, CREMATION			12	36 NAME OF C			23d. LOCATION						
	Cr	emation	100	01-23	-84	Securit	v Proc	ess	Catons	ville	Balt	imon	re N	ld.	

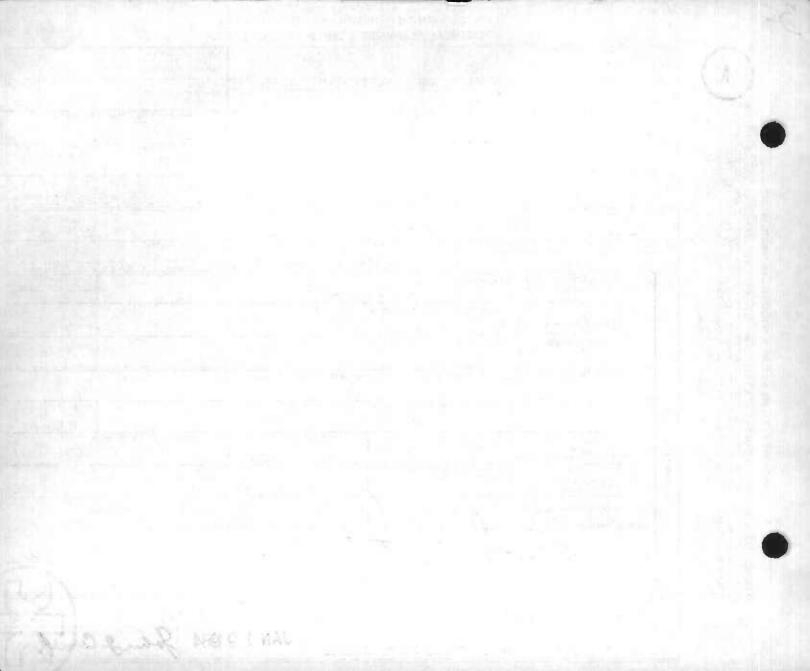
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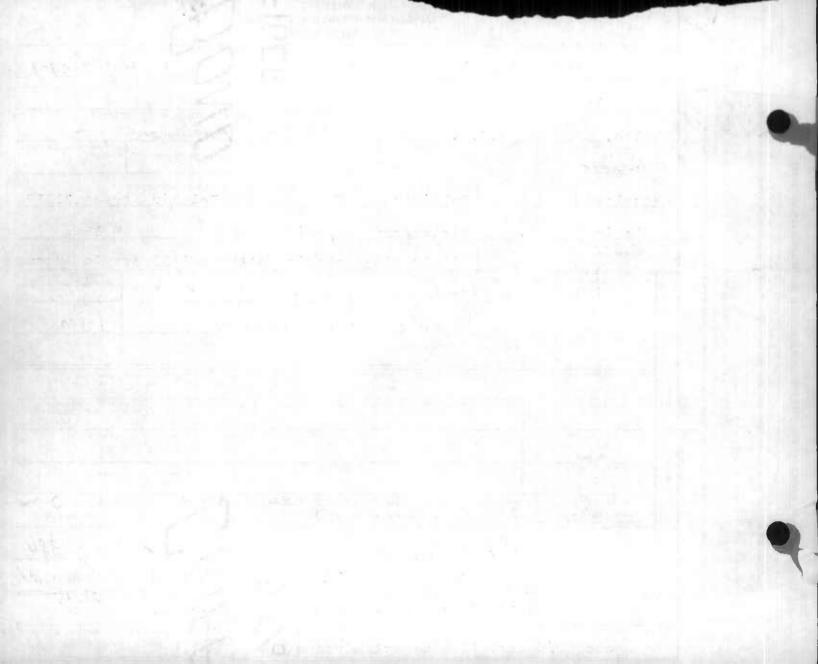
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	1-	FOR STATE					H AND MENTAL		4	0 1	.2 3	9
~1	Name of the last	REGISTRAR CEASED NAME	FIRST	MEL	MIDDLE EXA	MINER'S	CERTIFICATE C		REG.			
. X		E OR PRINT)			MODIE		LEACH	0	TE KNOWN		DAY YEAR	2h HOUR
<b>発制</b>	3. SEX	( 14.1	Ricky	S DATE OF BIRTH	14 AC		Leech )		TH MATED	l l	16 1984 DAY YEAR	R 2d HOUR
1				MONTH DAY		T BIRTHDAY) MON		MIN PRONO	ATE OUNCED	1		10:38
ZE A		ale	Black	76. CITIZEN OF WH		3 YRS.		0.001	EAD CITY	V OB COUN	16 1984	M Q :
	FO	PREIGN COUNTRY)					RIED NEVER MARR	RIED 40				
3/4	M:	aryland	DEATH	U.S. 7			WED DIVORO	120 USUAL OC	altimor			MD.
10	1	Baltimon		IF NOT IN SUCH FAC	ILITY, GIVE STREET AL	ODRESS)	sidewalk	FOR MOST OF	WORKING LIFE)	THE OF WORK	OR INDUS	
07		AL RESIDENCE (IF)	N NURSING HOME C	OR OTHER INSTITUTION GIV	E RESIDENCE BEFORE	ADMISSION)			5 7 7 7			
10		aryland	136 COUN	14	Balti	more	13d. INSIDE CITY LIMITS? YES X NO	13. STREET AD 2123 W		tte St	reet 2	1223
100	14. F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHER'S MAID	ENNAME	MIDDLE		LAST	
00		William			Brigh		Delore	es			Leach	7000 EE 0
1	160. V	VAS DECEASED E ES, NO, OR UNKNOWN	VER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SI		17. INFORMANT		ADDRE	SS		
		NO			212-8	8-6184	Delores	Butler	2123 V	N. Fay	ette St	reet
		18 CAUSE OF D	EATH (Enter on H WAS CAUSE)	ly one cause per line :							APPROXIMA BETWEEN ON	SET AND DEATH
¥.		01-		E CAUSE (a) GU	nshot w		head					
ANSIT PER AL HYGIER REMOVAL		765	if any, which	DUE TO, OR	AS A CONSEOU	ENCE OF						
OR RE		gave rise	to immediate	(b)								
		lying cause I	ating the <u>under</u>	DUE TO, OR	AS A CONSEQU	ENCE OF						
ATIO		PART 2 OTHER SIGNIE	ICANT CONDITIONS	CONTRIBUTING TO DEATH II	HT NOT BELATED TO	THE TERMINAL DICE	ISE OR CONDITION GIVEN IN PA					
L, CREMATION,	NO			CONTRIBUTION TO DESIGN	OT HOT KELATED TO	THE TERMINAL DISEA	ise or condition distributy	AKI I (Q).				
) —	CERTIFICATION	190. DATE OF OF	PERATION	19b. CONDIT	ON FOR WHIC	H OPERATION	WAS PERFORMED?				20 AUTOPS	Y?
IRIAL,	F			P. C. Line							YES T	NO 🗆
1		210. EXTERNAL C		216 TIME OF	MONTH DAY	YEAR 21c H	OW INJURY OCCURRE	ED (ENTER NATURE C	OF INJURY IN ITEM	IB PART I OR P	ART 2)	
1	SAL	UNDERLYING CONTRIBUTING	CAUSE OF	DEATH ? P.M.	1 16	1984	Subject sh	not	S- (1			
ZIZOI PKI	MEDICAL	21d. INJURY OCC		21e PLACE O STREET, FACTO	FINJURY (AT )	IOME, 21f. L	OCATION STREET	CITYO	RTOWN	ce	OUNTY	STATE
	1		T WORK	9	street	80	ON . Brice	St. Ba				Md.
		22a. I certify t	hat I took charg	e of the remains	ribed aboye, he	d an Auto	psy X, Inspectio	n . Inqu	Jiry .	and in my a	pinion	
Y AND		death resulted t	from: Aghus	James ()	Acciptory .	fuic de	, Homicide X.	Undetermined	d monner	].	THE S	
AR		ACTUAL	M	- W)	4	X	TITLE (SPECIFY)					
4	-	SIGNATURE	11 1	way	/ W	1	Deputy Chi	efmedical ex	KAMINER	DATE	ED 1/17	/84
1		EXAMINER'S NA	ME	Thomas	D. Smi	th, M.D	111	Penn St	. Balt	to.,MD	).	
8	23a B	URIAL, CREMATIO	N, REMOVAL 2	36 DATE	23c. NAME	OF CEMETERY	OR CREMATORY	23d. LOCATIO	)N			
		BURIAL		1/21/84	Moun	t Aubur	n Cemetery	Balti	imore,	COU	MIA	Md.
7		UNERAL DIRECTO		ADDRESS		To the	250. PATN	REGID O PECES	TRAR 287E	GISTRAR'S	SIGNATURE	1
(5))	Wi	Iliam C	March F	/H Inc. 1	LO1 E No	orth Ave	enue	- 0 100	0		- could	^



1	Ti	FOR STATE REGISTRAR	DEPARTM	STATE OF MARYLAND NENT OF HEALTH AND MENTAL HYD CERTIFICATE OF DEATH		1240
	10	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.  20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
be 3		PE OR PRINT! Other		Lee	1 11	1 1984 7.30 Am
1 11	3. 5	EX	4. RACE	5. DATE OF BIRTH  MONTH DAY YEAR		FUNDER TYEAR IF UNDER 24 HRS
5 0/40		Female	Black	3 30 23	60 YRS.	
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	70.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED   NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	OF DEATH
NEW Y	7	Balto, Md.	U.S.A.	WIDOWED TO DIVORCED	Baltemore	CITY, MD.
1/31/17	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	G HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	126 KIND OF BUSINESS OR
16 53 例	7	Batteriane.	PROVIDENT H		(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
2 5 7 37	Us	UAL RESIDENCE (# NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE	ADMISSION)	1	
2 19 10	0 130	Marvland 136 COUN	13c. CITY OR TOWN		136 STREET ADDRESS / ZIP CODE 730 Dolphin St	treat 21217
1 31 6	14.	FATHER'S NAME	Daitim	15. MOTHER'S MAIDEN NA		1666 21217
1 17 %	^		MIDDLE LAST	FIRST	MIDDLE	LAST
5 5	140	WAS DECEASED EVER IN U.S. AR	P. Richard		ADDRESS	Walker
Poges	/	(YES, NO OR UNKNOWN) (# YES, GIV	E WAR OR DATES]		atthews 1433 A	rgvle Avenue
rs. P		NO	219-20		atthews 1433 A	
hysic pope ovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE)	ly one couse per line for (a), (b), one D BY.	20011	114	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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andin the corticordiction		5715	DUE TO, OR AS A CONSEQUE	NCE OF 1	11	1 1. 20.0
deo deo otte		Conditions, if ony, which gove rise to immediate	( b) LIVEY	Cimhosis TAS	cites	1 year
the remo		couse (o), stoting the	DUE TO, OR AS A CONSEQUE	NCE OF		
thot thot of, co		underlying couse lost.	(c)			
agnies signec signec hen plu to burn oliury, o	Z		ONDITIONS CONTRIBUTING TO D	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIVE	N IN PART NO
prior any in	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED
ws ws	/ \				YES NOT YES	ING CAUSES OF DEATH?
N: They ysicio	7 8	21a ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PAR	
Physical Phy	//	OR COLUMNIC CHICE OF DEL	in l	AY YEAR		
YSK YSK ding Surio Men	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M. 21e PLACE OF INJURY	19 211 LOCATION		
PH Hench Hench He bund	A.		(AT HOME, STREET, FACTORY, OFFICE, FA	ARM ETC ] STREET	CITY OR TOWN	COUNTY STATE
Afte os nork		AT WORK AT WORK	1	Jan 10 1984	10 Jan 11	9.84, that (1)(we) lost
FO OR LESS		sow the deceased alive on	ACT A I I I I		death occurred on the date and hour	
ATT ATT OSP		obove, (D(we) (did) (did no 22b. SIGNATURE	t) view the body ofter death.	DEGREE	dedition of the dole on the look	22c. DATE SIGNED
OR A DIRECTOR A DIRECTOR A Dept		IN SIGNATURE	10	ATTENDING	MEDICAL STAFF	1-11 10 G11
SPITAL a by the NERAL be deto e Store	_	22d. PHYSICIAN'S NAME (TYPE)	Choon Kay	PHYSICIAN [	DIRECTOR PHYSICIAN	11-11-1984
TO HOSPITAL etoined by it TO FUNERAL should be det with the Stote		Chong Ch	oon HAN	2600 Li	berty Heights Ave.	, Balfmore, Md.
5 5 5 4 3 <b>%</b>	230	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23 LOCATION	2/2/5
BP		BURIAL	1/14/84 M	ount Auburn Cem	Baltimore,	Md .
DHMH - 16 50M 4/83		FUNERAL DIRECTOR		, 25a. DA	TE REC'D. BY REGISTRAR 256 REGISTRA	AR'S SIGNATURE
(VRA 15, 4)	V	m C March F/H	Inc. 1101 E	North Avenue JA	V 12 1984 Jahr	I takely
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Teonard J Ruck Inc. Baltimore, Maryland

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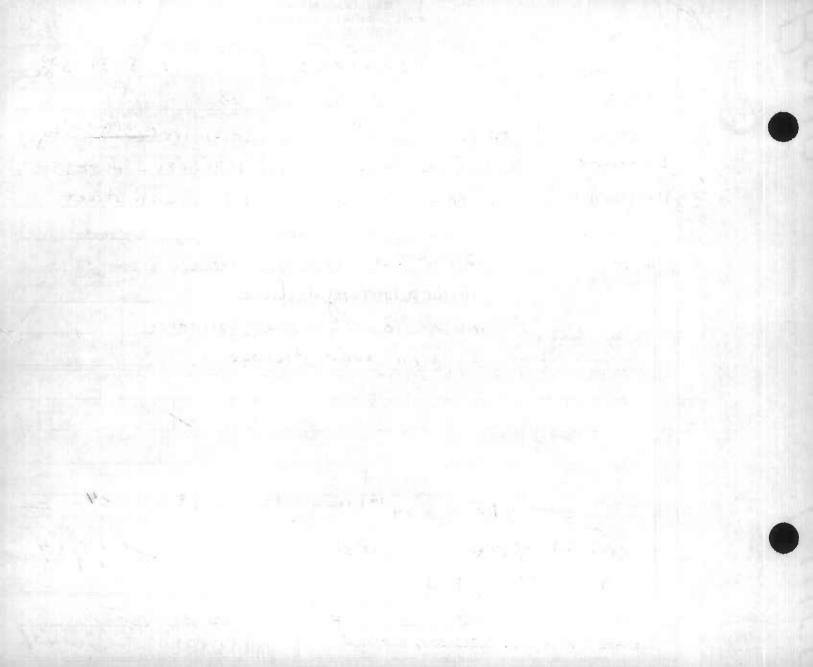
(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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	with motostagic	กอะควี ค.ศ. ใจ ภาษณ์เช	160	
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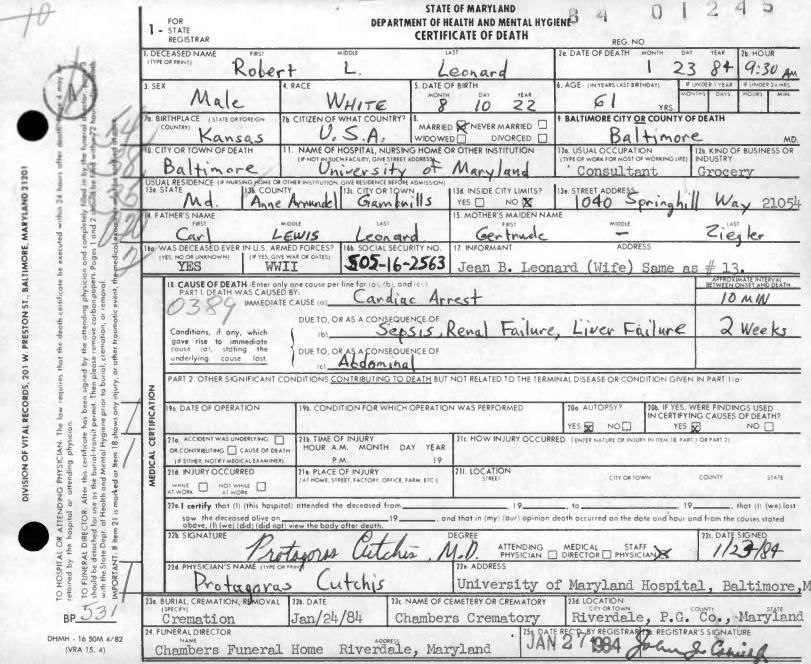


STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2n DATE OF DEATH YEAR I. DECEASED NAME MIDDLE MONTH 2b. HOUR (TYPE OR PRINT) Bano 4. RACE S. DATE OF BIRTH AGE IN YEARS LAST BIRTHDAY! # UNDER I YEAR IF UNDER 24 HRS DAYS HOURS BIRTHPLAGE (STATE OR FOREIGN Th. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED | DIVORCED CITY OF TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION THE KIND OF BUSINESS OR OFFE FOR MOST OF WORKING LIFE! INDILES TO DE DIHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONS IJu: STATE III COUNTY 13d INSIDE CITY LIMITS? 13e STREET ADDRESS / ZIP CODE NO N 101 FATHER'S NAME IL MOTHER'S MAIDEN NAME MIDDLE MIDDLE WAS DECEASED EVER IN U.S. ARMED FORCES? 18h SOCIAL SECURITY NO 17. INFORMANT THE HOUSE WHENOWN) (IF YES, GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF expertance Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19s DATE OF OPERATION 20h. IF YES, WERE FINDINGS USED 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [ NO [ 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) PAA 214 INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHAT AT WORK 220.1 certify that (1) (this hospital) attended the deceased fram_ 120 19 54, and that in (my) (arr) apinion death occurred on the date and haur and from the causes stated saw the deceased alive an_ above, (1) (we) (did) (did nat) view the bady after death. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN'S NAME 22e ADDRESS 54 ORT THE BUILD CREMATION, REMOVAL -33c NAME OF CEMETERY OR CREMATORY 23b. DATE easy of le 24. FUNERAL DIRECTOR DHMH - 16 50M 4/83 (VRA 15, 4)

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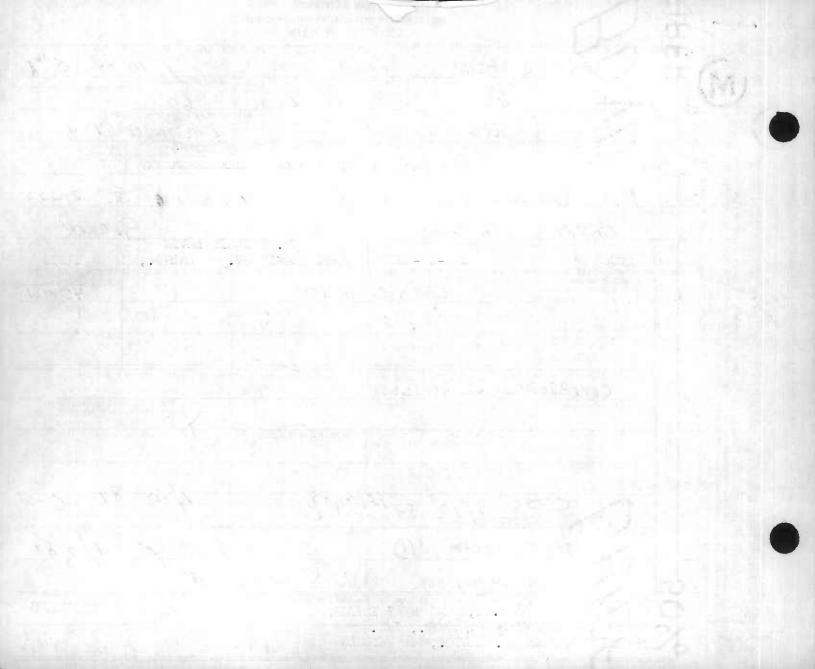
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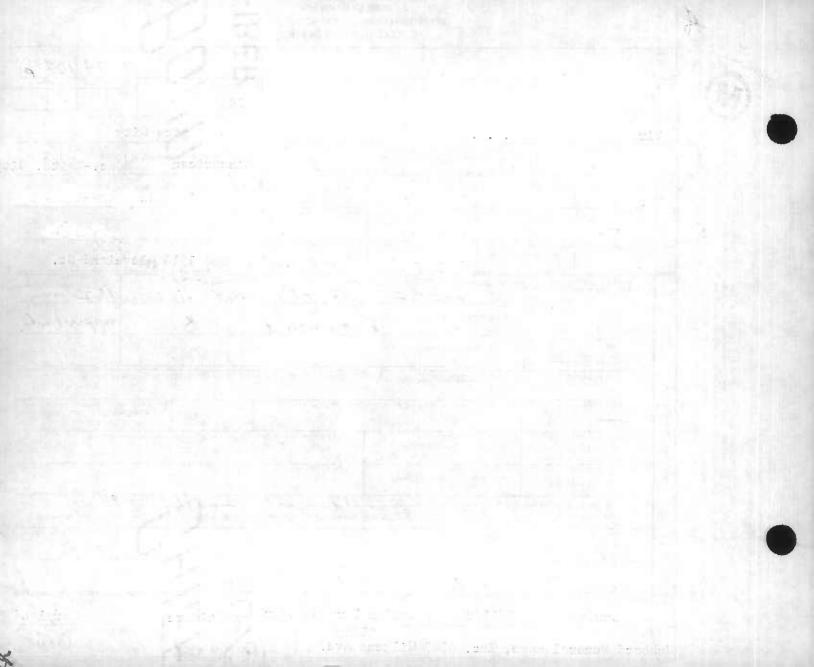
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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

- STATE

I. DECEASED NAME

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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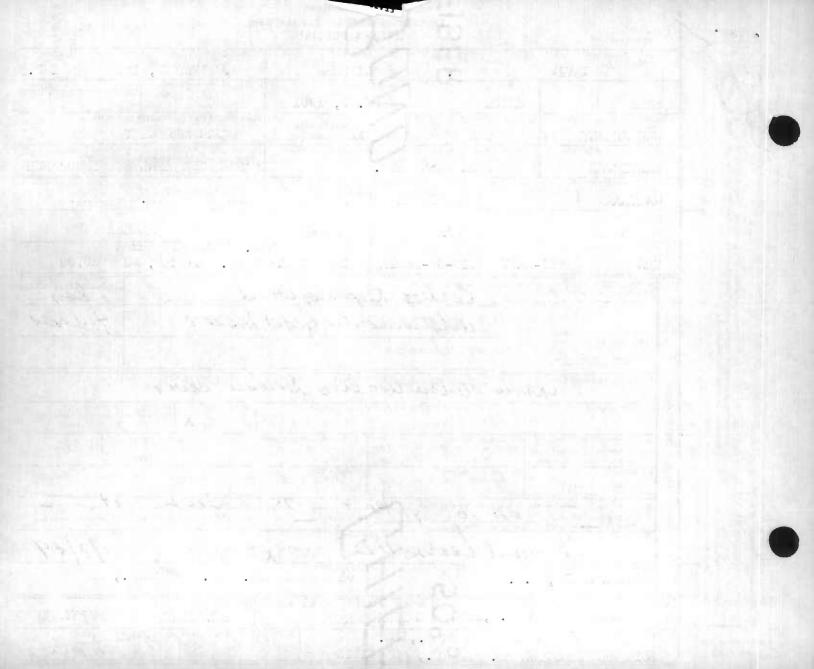
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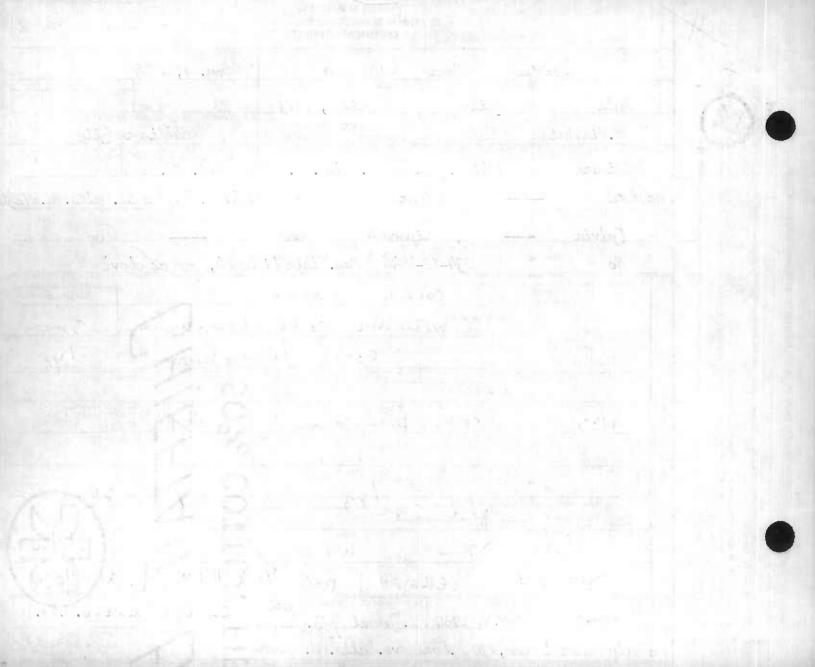
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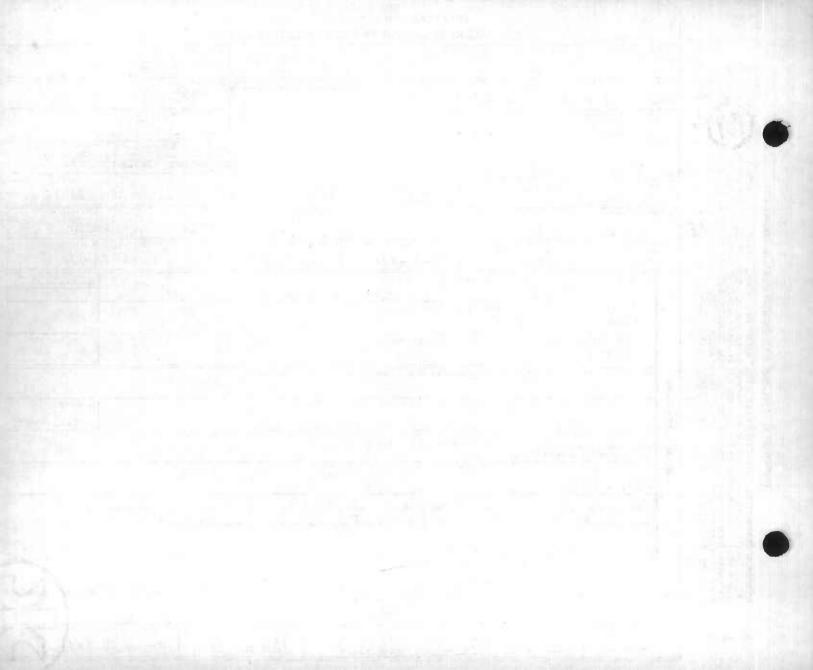
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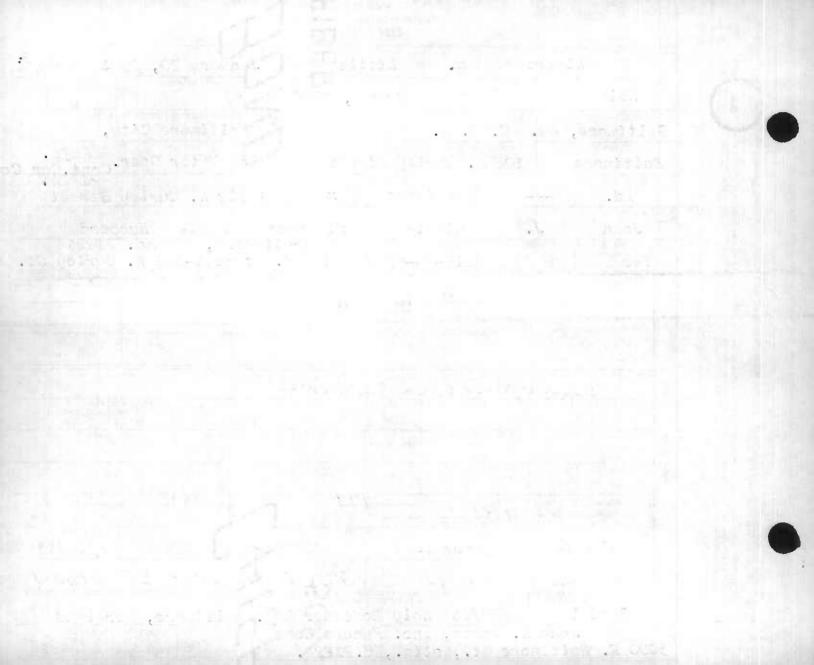
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ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours attending physician.  When this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be fill the and Mental Hygiene prior to burial, cremation, or remaval.  The medical examples find the fill shows any injury, or other traumatic event, the medical examples find acked or them.	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF THE CAUSE (a)  DUE TO, OR AS A CONSEQUENCE OF THE CAUSE (c)  CONDITIONS CONTRIBUTING TO DEATH	âtric gartic	leianyo Sacroma  Comyo Sacroma  MINAL DISEASE OR CONDITION GIV	immediate 3 ms.  1 yy
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO I. DECEASED NAME 2ª DATE KNOWN MONTH DAY (TYPE OR PRINT) ESTI-DEATH MATED 1984 HOWARD 3. SEX 4 RACE DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR IF UNDER 24 HRS DATE 2d. HOUR AST BIRTHDAY) PRONOUNCED White Mar 5,1932 Male DEAD 1984 10am 76. CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED INEVER MARRIED FOREIGN COUNTRY! U.S.A. Maryland WIDOWED DIVORCED Baltimore City ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) Inspector Eastern Stainless 2310 Hamilton Ave. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Steel BALTIMORE, MD. 21201 13b. COUNTY 13c. CITY OR TOWN 13d INSIDECITY LIMITS? 13e. STREET ADDRESS 21214 2310 Hamilton Ave Baltimore YES K NOF Maruland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Kellu List Sr Ellen Mary Howard A 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) As 13e Same 218-26-4320 Mrs Vera R List Korean Yes 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (9) CERTIFICATION 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? MENT OF TO BURN NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME. 21f LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK Inspection X FUNERAL DIRECTOR: TR DEATH, WITH THE S 22a I certify that I took charge of the remains described above, held on Autopsy Inquiry and in my opinion Natural causes X SHOULD BE death resulted from: Suicide Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Mn Assistant 1 - 7 - 84SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Ann M. Dixon, M.D. ADDRESS 111 Penn St., Balto., 21201 (TYPE OR PRINT) SAF O 23d. LOCATION 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE Westview Baltimore, Maruland BP Cremation 24 FUNERAL DIRECTO 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 Leonard J Ruck Inc. Baltimore, Maruland (VR AT5 ME (5)) 20M 4/B2



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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	211.7
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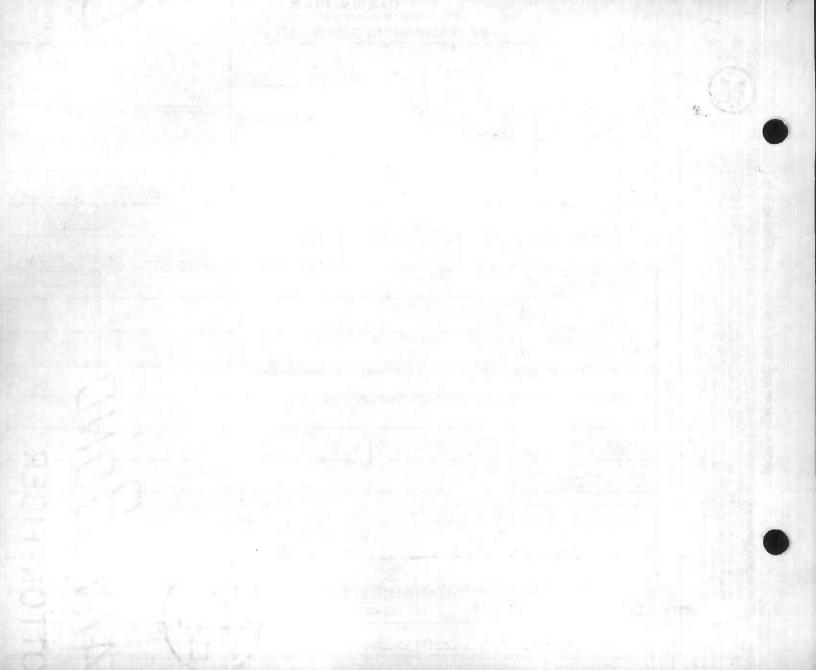


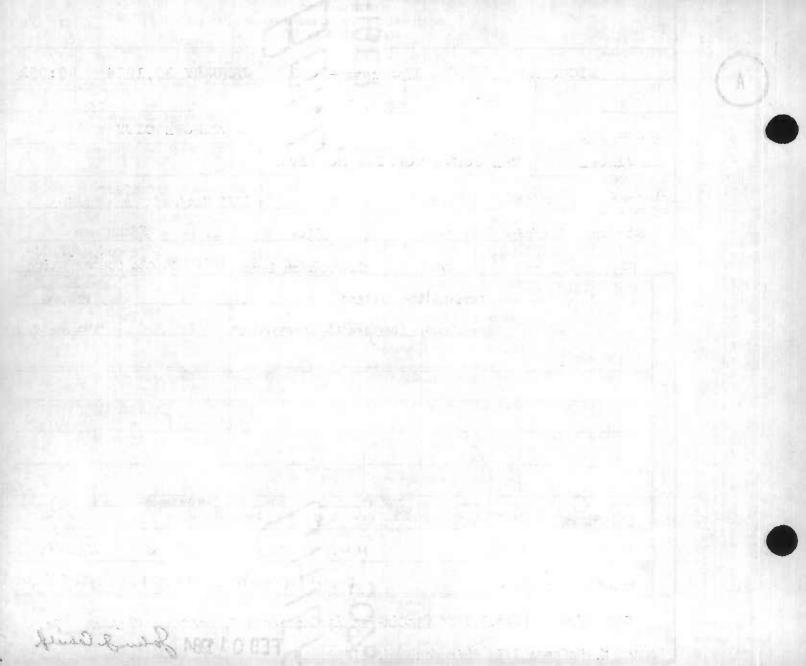
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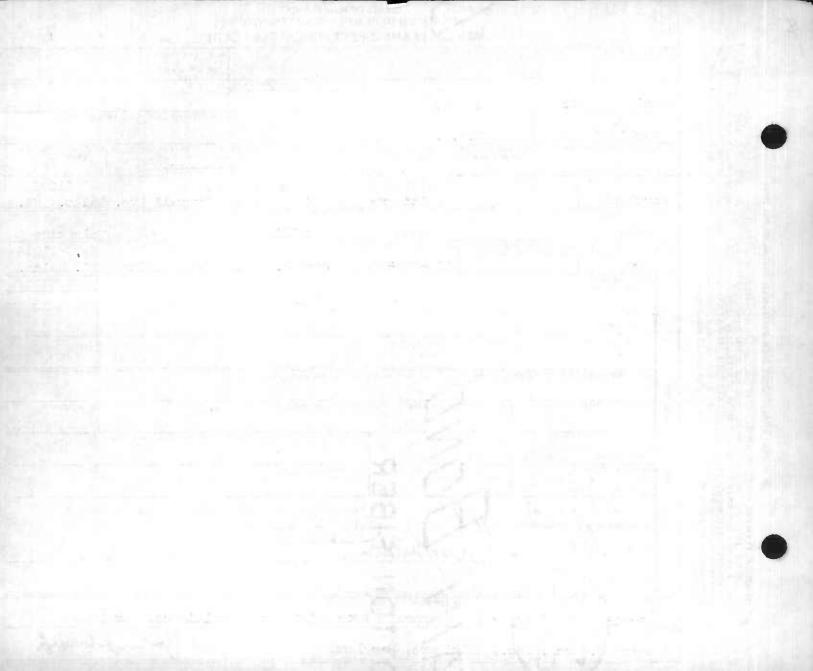
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STATE OF MARYLAND





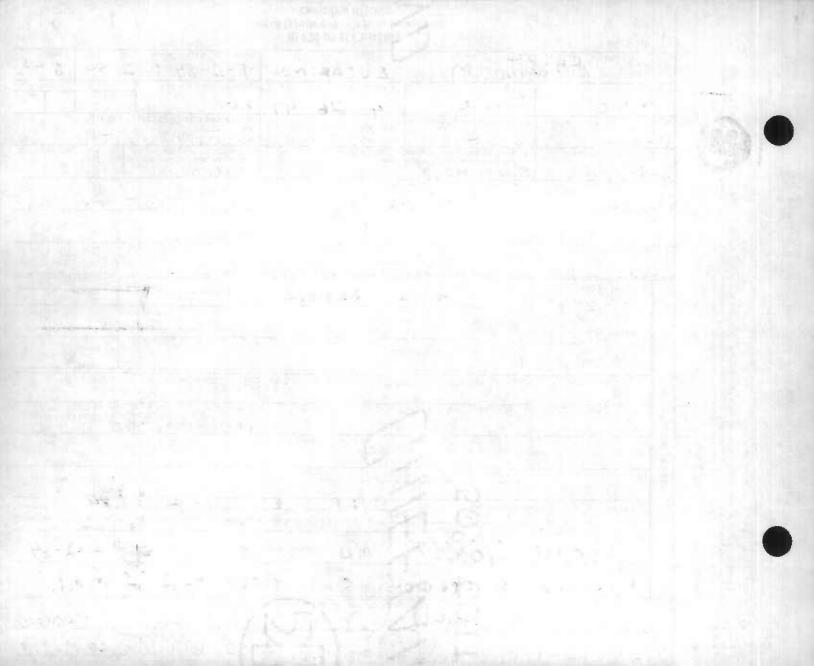
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		NAME		Inc., Ba	ltimo	re Ma	rula	ba	JAN	127	984	blue	2. 60	uly	
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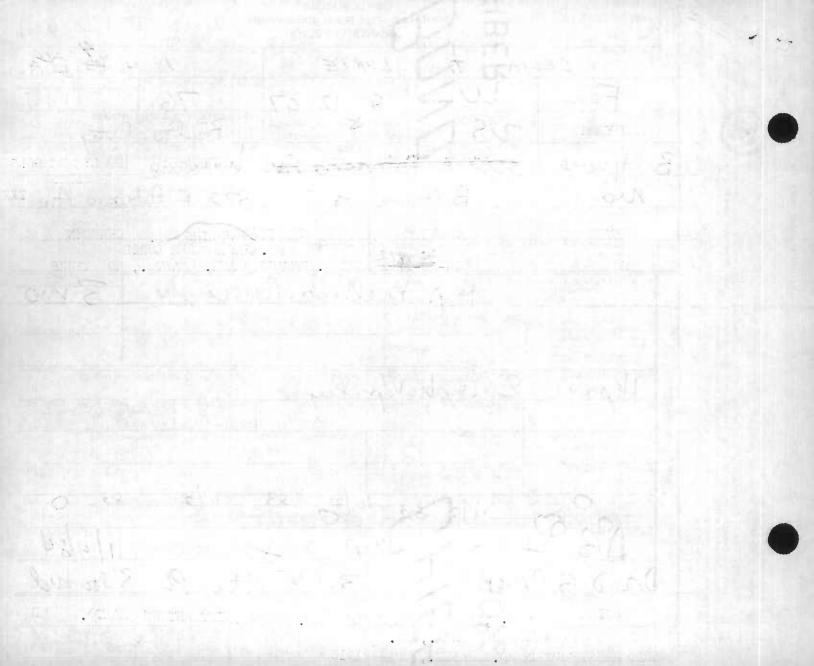
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JAMES   CARTER   LAUFLY SET				MIDDLE	LAST			20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
Sex   Male   Society   S		(TYP)	JAMES	CARTER LU	VELY -ST-	3-			1 7	84	7:30P
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It a city of town of death   Baltimore   Baltimore   Substitution   Baltimore   Substitution	29	7a. B	RTHPLACE (STATE OR FOREIGN COUNTRY) CONNERY)		MARRIED					OF DEATH	M
Ide STATE MD.   Baltimore   Ide Cultinore	3	E	Baltimore /	VAMC BALTIMO	RE MD.		ITION	12a. USUAL OCCUPAT	TON OF WORKING LIFE		OF BUSINESS OF
Lawrence Mooil Lovely Eva 1963    Lovely Eva 1963   Lovely Eva 1963   Lovely Eva 1964   Lovely Eva 1964   Lovely Eva 1965   Lovely Eva 1965   Lovely Same as 1965   Lovely Same	5	13a. :	MD. Bal	or other institution give residence ber	alk 13d	ES NO	o <b>¥</b> 1		1 Tace	Rd.	21222
IF W. W. OF TITE   405-01-859\$ Mrs. Georgia M. Lovely same as   APROSUMAR PITE   405-01-859\$ Mrs. Georgia M. Lovely same as   APROSUMAR PITE   ACCOMPANY PARTILIDEATH WAS CAUSED BY:   ACCEPTION OF THE PARTILIDEATH PA	3			Love:		EIDS				By.	rd
PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE OF INJURY 121 LICATION NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 110  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE OF INJURY 121 LICATION NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN N PART 110  PART 2. OTHER SIGNIFICANT CONTRIBUTE OF INJURY 121 LICATION N PART 110  PART 2. OTHER SIGNIFICANT CONTRIBUTE OF INJURY 121 LICATION N PART 110  PART 2. OTHER SIGNIFICANT CONTRIBUTE OF INJURY 121 LICATION N PART 110  PART 2. OTHER SIGNIFICANT CONTRIBUTE OF INJURY 121 LICATION N PART 110  PART 2. OTHER SIGNIFICANT CONTRIBUTE OF INJURY 121 L	2	160 \	WAS DECEASED EVER IN U.S. A				Geor			same	as 13
OR CONTRIBUTING CAUSE OF DEATH (IF ETIMER NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  WMILE NOTIFY MEDICAL EXAMINER)  19  21d. INJURY OCCURRED  WMILE NOTIFY MEDICAL EXAMINER)  10 PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)  21d. INJURY OCCURRED  WMILE NOTIFY MEDICAL EXAMINER)  22d. I certify that XI (this hospital), attended the deceased from 1/3/  19  84, and that in (XV) (our) opinion death occurred on the date and hour and from the causes strength of the deceased fill of the body after depth.  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN DIRECTO	7	ATION	underlying couse lost. PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING T	O DEATH BUT NO				20b. IF YES,	WERE FINDI	NGS USED
OR CONTRIBUTING	1	TIF						YES NO			NO [
220. I certify that XI (this hospital) attended the deceased from 1/3/ 19.84 to 1/7 19.84 that XI (we the deceased filter on 1/3/ 19.84 to 1/7 19.84 that XI (we) the deceased filter on 1/3/ 19.84 that XI (we) the deceased filter on 1/3/ 19.84 to 1/7 19.84 that XI (we) that deceased filter on 1/3/ 19.84 to 1/7 19.84 that XI (we) that deceased filter on 1/3/ 19.84 to 1/7 19.84 that XI (we) that deceased filter on 1/3/ 19.84 to 1/7 19.84 that XI (we) that deceased filter on 1/3/ 19.84 to 1/7 19.84 that XI (we) that deceased filter on 1/3/ 19.84 to 1/7 19.84 that XI (we) that deceased filter on 1/3/ 19.84 that XI (we) that deceased filter on 1/3/ 19.84 that XI (we) that deceased filter on 1/3/ 19.84 that XI (we) that deceased filter on 1/3/ 19.84 that XI (we) that deceased filter on 1/3/ 19.84 that XI (we) that deceased from 1/3/ 19.84 that XI (we) that All (we)	7		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. MONTH	DAY YEAR	c HOW INJUR	RY OCCURR	RED (ENTER NATURE OF INJ	URY IN ITEM 18 PA	ART 1 OR PART ?)	. 19
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24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 251 REGISTRAR'S SIGNATURE		23a.						23d. LOCATION		COUNTY	Clate
24 FUNERAL DIRECTOR 250, DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE				1/11/84 1	Baltimo	re Nat					
Duda-Ruck, Inc. 7922 Wise Ave. 21222				, ADDREC				The second secon	R 251-REGISTE	RAR'S SIGNA	TURE

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	1.	FOR STATE REGISTRAR		DEPART	MENT OF	E OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 4	0.	1261
oth of		CEASED NAME PRINT	PH	WIDDLE		UCARIND	20. DATE OF DEATH	MONTH DAY	YEAR 26 HOUR 845
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ge 4	K	MAIR	Wh	ite.	MONT	26 97	86	YRS.	NTHS DAYS HOURS MIN.
eoth. Poge	70 B	RTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN	OF WHAT COUNTRY	? 8. MARRIE WIDOW	D NEVER MARRIED DIVORCED	BALTIMORE CITY C	_ ^	F DEATH M
s offer o	10 C	TY OR TOWN OF DEATH		SUCH FACILITY, GIVE STREE		OR OTHER INSTITUTION	120 USUAL OCCUPAT	OF WORKING LIFE)	12b. KIND OF BUSINESS OF INDUSTRY
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ding physician. Is certificate has burial-transit per Burial-transit per Memol Hygiene or Hermal Bybanes		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF LIFE EITHER. NOTIFY MEDICAL EXAMI	DEATH HOUR	E OF INJURY  A.M. MONTH [	DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PAR	1 ( OR PART 2)
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R ATTENDIN hospital or RECTOR. At red for use ipt. of Healt em 21 is mo		220 1 certify that (1) (this ho saw the deceased alive obove, (1) (we) (did) (did	on I	-2 19	Cols	nd that in (my) (aur) apinion	death accurred an the d	ate and haur a	
T T T T T T T T T T T T T T T T T T T		22b. SIGNATURE	e Of	lengr	7 ,	DEGREE  ATTENDING PHYSICIAN	MEDICAL STA	FF X	- 12-84
TO HOSPITAL retained by the TO FUNERAL should be det with the State IMPORTANT:		Woodie	e OR PRINT)	Herr	07	S. NA: H	osp. Dep	+ of	med.
BP		BURIAL, CREMATION, REMOV (SPECIFY)	AL 236. DATE	.5 1984	NAME OF C	EMETERY OR CREMATORY	123d LOCATION CITY OF TOWN	185	MARYLAND
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	- m	ADDRESS	839	250. DA	TE REC'D BY REGISTRAR	25b. REGISTRA	R'S SIGNATURE



15	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4	0 1 2 6 2
sy be age 3 death		CEASED NAME FIRST	LIA T.	LURIE	20. DATE OF DEATH MONTH	26. HOURS
April pool	3 SE	EMALE	1. RACE WHITE	5. DATE OF BIRTH	6. AGE   IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR OF UNDER 24 HRS MONTHS DATS HOURS MIN.
<b>9</b>		RTHPLACE (STATE OR FOREIGN NEW YORK	76 CITIZEN OF WHAT COUNTRY	WIDOWED DIVORCED	9 BALTIMORE CITY OR COU	- Cute MD.
	R	altimere	11. NAME OF HOSPITAL NURS	NG HOME OR OTHER INSTITUTION  DOGAL CENTER	12a USUAL OCCUPATION ( (TYPE OF WORK FOR MOST DE WO	126. KIND OF BUSINESS OR PUBLIC SCHOOLS
thin 24 hoursely filled are 2 should be fill	13a.	AL RESIDENCE I IF NURSING HOME OR STATE 136 COUN	111 113 DILL ON LO	Were YES NO [	130 STREET ADDRESS ZIPO	ode 21225 Drags co Ave XX
ted within ampletely and 2 sh	1	MEYER	TULBOVI'		E JULIUS	UNKNOWN
BALTIMORE, cate be executed to any sician and category. Pages 1 vol.		VAS DECEASED EVER IN U.S. AR yes. no or unknown) [# yes, giv NO		-4472 DR	R. (JAY )JOSEPH ^S LU PSCO AVE. BALTO	
10 W. PRESTON ST., that the death certific d by the attending ph lease remove carbon p iol, cremation, ar rema		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE (c)	JENCE OF	accinoma	3 mo
	CERTIFICATION	PART OF OTHER SIGNIFICANT OF	Eucopa	O DEATH BUT NOT THE TER	20a AUTOPSY? 20b. IF	GIVEN IN PART IIO  YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \text{NO} \) NO \( \text{NO} \)
SICIAN: ng phys certifico uriol-trai	MEDICAL CER	210. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA IF EITHER NOTIFY MEDICAL EXAMINER	HOUR A.M. MONTH	DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM	COUNTY STATE
TTENDING PHY spiral or attending spiral or attending for use as the bis of Health and M of Health and M 21 is marked or		WHILE NOTWHILE AT WORK  270 I certify the (I) this hospi	tal) attended the deceased from	16 31 , 19 9 3 , and that in (m) (aur) opinion	death accurred an the date and	1933, tho (11) we) last have and from the causes stated
ITAL OR A by the hos RRAL DIREC	4	274 PHYSICIAN'S NAME 1195	tren	DEGREE ATTENDING PHYSICIAN 1220. ADDRESS	MEDICAL STAFF DIRECTOR   PHYSICIAN	226. CLATE SIGNED
TO HOSPITAL retained by this TO FUNERAL Is should be detoo with the State IMPORTANT: #	22-	DAVID BF	DOSNER	30151	PAUL PL 123d LOCATION	Balte hed
BP		BURIAL, CREMATION, REMOVAL  SPECIFY BURIAL  UNERAL DIRECTORS OF THE	JAN.5.1984 0	NAME OF CEMETERY OR CREMATORY HEB SHALOM MEM PAR	CITY OR TOWN	
DHMH - 16 50M 4/83 (VRA 15, 4)			VINSON & BROSDES		N 1 0 1984	and lawelf



	1				STATE OF MARY		Ch			
HAT	1-	FOR STATE REGISTRAR		DEPARTA	CERTIFICATE OF		REG. NO	0		6
00 %		EASED NAME FIRST	M	IDDLE	LAST		20 DATE OF DEATH		Y YEAR	26. HOUR
P 740	(TYPE	JERC	ME 7	η,	LUTZ JR		JANUARY 2	28. 19	84	02:32
1000	3. SEX		4 RACE	homas	5. DATE OF BIRTH		6 AGE (IN YEARS LAST BIRT	HDAY) IF	UNDER TYEAR	IF UNDER 24 HE
YA	10	Male	White		January 1	8, 1929	55	YRS.	NIH5 DAYS	HOURS
1. 400		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF V	HAT COUNTRY?	MARRIED NEVE	R MARRIED T	9 BALTIMORE CITY OF		F DEATH	
NERTO		Maryland	U.	S.A.		DIVORCED X	BALTIMORE	CITY	7	
6000		TY OR TOWN OF DEATH	(IF NOT IN SUCH	FACILITY, GIVE STREET	G HOME OR OTHER IN ADDRESS) S HOSPITA		120 USUAL OCCUPATION ITYPE OF WORK FOR MOST OF		12b. KIND O INDUSTRY	F BUSINESS (
0 35	13a. S M	3	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Annapo.	ADMISSION) N 13d. INSIDE LIS YES [	CITY LIMITS?	13e.STREET ADDRESS /		J/	40:
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5112		VAS DECEASED EVER IN U.S. AF VES, NO OR UNKNOWN) (IF YES, GI KOrean War	RMED FORCES? VE WAR OR DATES)	219-22-			ADDRE		ood Dr	
of the depth cests of the other costs.  Terminal of the other costs.		Conditions, if any, which gave rise to immediate couse lol, storing the underlying cause last.	(b)		thicolar h		dia interction	1	3	days
The low requires ticion.  te hos been signed sst permit. Then ple giene prior to burro shows ony injury, or	CERTIFICATION	PART 2 OTHER SIGNIFICANT	1% CONDIT	NTRIBUTING TO I	DEATH BUT NOT RELAT	ED TO THE TERM	200 AUTOPSY?	206. IF YES, IN CERTIFYI	WERE FINDINING CAUSES	GS USED
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	MEDICAL	WHILE NOT WHILE AT WORK		EI, FACIONI, OFFICE, F	ARM, ETC } STR	EEI	CITY OR TON	VN	COUNTY	31410
t OR ATTENDING PH the hospital or other I DIRECTOR: After the toched for use as the	MEI	WHILE NOT WHILE AT WORK  22e.1 certify that (1) (this hosp saw the deceased live or above (1) (we) (did) (did not 22b. SIGNATURE	ottended the	deceased from_	1/26	19 84 (our) apinion o	, to	te ond hour	ond from the	that (I) (we) causes stated
L OR ATTENDING PHINE hospital or otten the hospital or otten the L DIRECTOR, after the toched for use as the it to Dept. of Health and If Hem 21 is morked or		22e. I certify that (I) (this hosp saw the deceased glive or above (I) (we) (did) (did not	ot) view the body of the Corporation of the body of th	deceased from_ offer death. 19— Has M	DEGREE	ATTENDING PHYSICIAN [	MEDICAL STAF  DIRECTOR PHYSIC	te and hour of	22c. DATE	that (I) (we) causes stated
MOSPITAL OR ATTENDING PHOSPITAL OR ATTENDING PHOSPITAL DIRECTOR. After the uld be detoched for use as the in the State Dept. of Health and ORTANT. If them 21 is morked a	23a B	22e. I certify that (1) (his hosp saw the deceased give or above (1) (we) (did) (did no 22b. SIGNATURE	ot) view the body of the Corporation of the body of th	deceased from_ster death. 19_HAS	DEGREE	ATTENDING PHYSICIAN [	medical STAF	FIAND F	22c. DATE	that (I) (we) I causes stated SIGNED 28   64

		- STATE REGISTRAR				CERTIFIC	CATE OF DEATH		REG. N	10	1 2	6 6
e 42		E OR PRINT)	FIRST	MI	DDLE	LAS	enberger	2a. D/	TE OF DEATH	MONTH	DAY YEAR	26. HOUR
moy be poge 3	3. SE		garet 4. RA		C.	5. DATE OF	BIRTH		(IN YEARS LAST BI	/	IF UNDER I YEAR	-
100 A	1	Female		Whit		Jan.	· 1, 1899		85	YRS	MÖNIHS DAYS	HOURS
deoth. P		IRTHPLACE (STATE OR FOR COUNTRY)		ITIZEN OF W	HAT COUNTRY?	MARRIED WIDOWED	NEVER MARRIED		Baltin			
	10. C	Baltimore	н 11.	NAME OF HO	OSPITAL, NURSIN GACILITY, GIVESTREET, Durnett	St. Bald	to. Md. 212	120 U	SUAL OCCUPAT F WORK FOR MOST OWNERS	DE WORKING		OF BUSINESS
24 hour	13a.	AL RESIDENCE (IF NURSING STATE	G HOME OR OTHER		Baltinone	VN 11	3d INSIDE CITY LIMIT	TS? 13e.ST	REET ADDRESS	/ ZIP COL	t. Balto	M. 21
ed within		ATHER'S NAME Franklin	Pie	erce	Taylor	1	5 MOTHER'S MAIDER		MIDDLE		D'n	essler
e execution in and co		WAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED (IF YES, GIVE WAR	ODDATES	216-03-		1 INFORMANT Mr. Clarence		ADDR Exenbero	en. In	140 dgen	ood, I'd
he death ce he attending emove carb mation, ar r rroumatic		Conditions, if ony, y	which diate	(b)	AS A CONSEQUE							
equires that the death is signed by the attendi. Then please remove contro burial, reemotion, a injury, at other fraumof	NOI		which diote the lost.	(b) DUE TO, OR (c)	AS A CONSEQUE	ENCE OF	OT RELATED TO THE	TERMINALD	ISEASE OR CON	4DITION G	IVEN IN PART I	0
he low requires that the deat has been signed by the atter to permit. Then please remayer ene prior to buriol, cremation, aws any injury, ar other troum	TIFICATION	gave rise to immer cause (a), stating underlying cause	which diate the lost.	(b)	AS A CONSEQUI	ENCE OF	OT RELATED TO THE WAS PERFORMED	200	AUTOPSY?	20b. IF YI	ES, WERE FINDI	NGS USED
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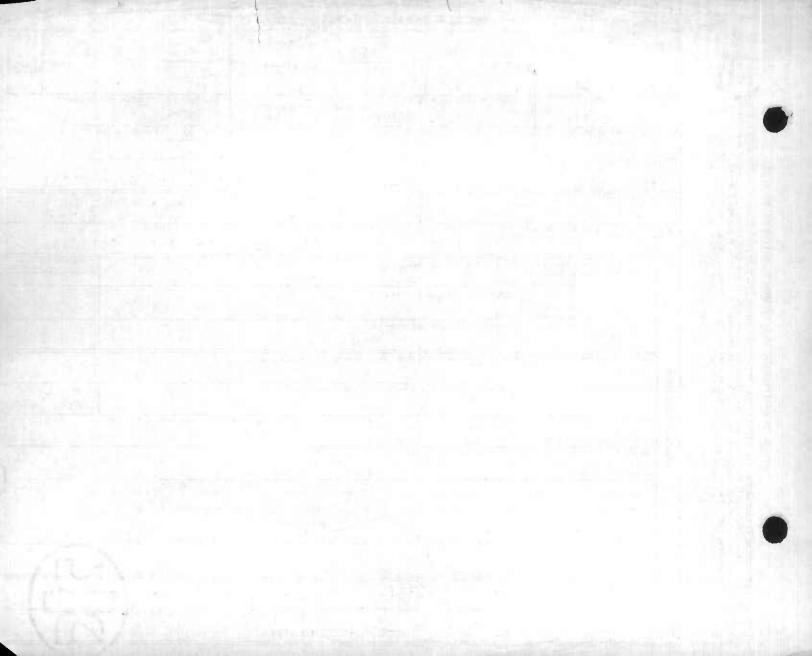
STATE OF MARTLAND

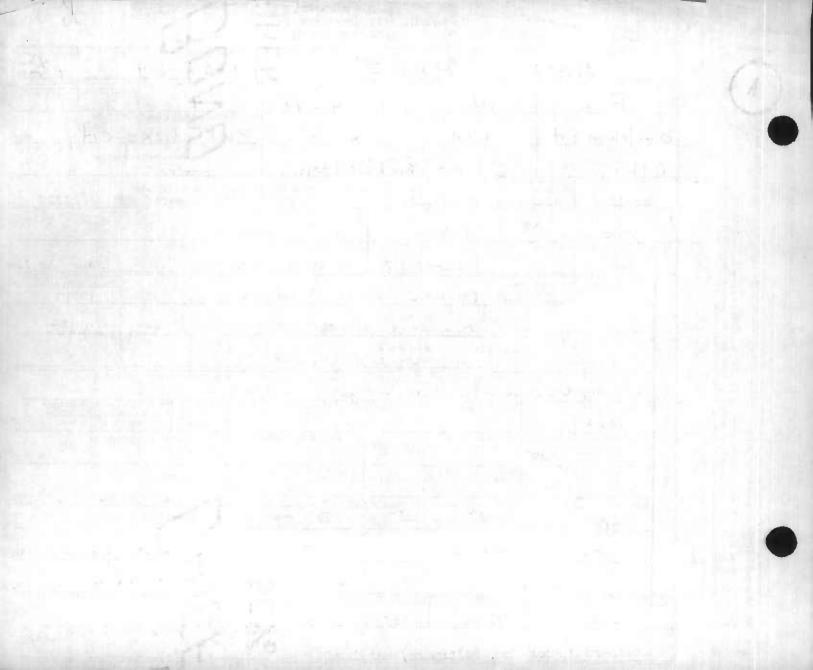
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		- STATE REGISTRAR		CERTIFICATE OF DEATH	REG.	NO.	2 8 2
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13		Elwa	ard	howry		1 7	84 9:10
CAN	3 SE	X	4 RACE	5 DATE OF BIRTH AMONTH DAY YEAR	6 AGE (IN YEARS LAST E	BIRTHDAY) IF UNDE	DAYS HOURS
171/		Male	Black	9 10 16	67	YRS.	DATS HOURS /
10 1 1 1 1		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY		ATH
11/		3,0.	USA	WIDOWED DIVORCED	Batt. C	174	
1 12/	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STE	SING HOME OR OTHER INSTITUTION	12a USUAL OCCUPA		KIND OF BUSINESS
3 (1)4	1	Baltimore City	The state of the s	ECOURS	(TYPE OF WORK FOR MOST	OF WORKING (IFE)	DUSTRY
2 100	USU.	AL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION, GIVE RESIDENCE BEAUTY		13e. STREET ADDRESS		11:233
100		Md B	alt City Ra	YES NO T	2214	1	atogas
1	14. FA	ATHER'S NAME	MIDDLE / LAST	15. MOTHER'S MAIDEN N.	AME	00:	7.00
0 2	1	columbus	L DINR	4 LUIA	WIDDLE	1	owRY
S. Co		VAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE		ADDI	RESS	
Poges medico	(	YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)	2-2415 JANES LOU	URY 570	7 Ston.	inston /
ol.		18 CAUSE OF DEATH (Enter	anly one couse per line far (a), (b),				APPROXIMATE INTERVAL
mov went,		PART I. DEATH WAS CAU	SED BY.  IATE CAUSE (a) Care	dias Arrest			minulta
or re		4295					
on,		Canditians, if any, which	DUE TO, OR AS A CONSEC	SCVD			Years.
mot r tra		gove rise to immediate cause (a), stating the	(0)			7.7	1000
othe		underlying cause last.	DUE TO, OR AS A CONSEC	DUENCE OF	-		
y, or		PART 2 OTHER SIGNIFICAN	T CONDITIONS CONTRIBUTING T	O DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR COL	NDITION GIVEN IN	PART 1/01
Then to b	ON	Soin		CUA; Ame	mie	TO TO THE THE	AN TO
Prio S	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE	FINDINGS USED
ene ene	TIFE				YES NOT	IN CERTIFYING (	CAUSES OF DEATH?
Hyg.	CER	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCCUP			
Mental t	ICAL	OR CONTRIBUTING CAUSE OF C		DAY YEAR			
	MEDIC	214 INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION			
ked	W	WHILE NOT WHILE D	(AT HOME STREET, FACTORY OFFICE	E, FARM, ETC ] STREET	CITY OR T	OWN CO	UNIY STAT
Holeh			up tol) attended the deceased from	3-7 10 7	5 10	- 7 10 5	VI AT
of He		saw the deceased alive	10-4 10	83 , and that in (my) (and apinion	death occurred on the	date and haur and fi	om the causes state
tate Dept. o		22b. SIGNATURE	t) view the bad ofter death.	DEGREE			c. DATE SIGNED
		Muller	1 teun		MEDICAL STA		1-7-84
TANT:		22d. PHYSICIAN'S NAME (TYP	PRINT	PHYSICIAN 22e ADDRESS 12 6			
With the		WILLIAM 1	R. WALL, M.	D	N SECOU		SPITAL
¥	0.0			, 3000 m' BHI		T. BALT	16'dw "1
	230. B	URIAL, CREMATION, REMOVA	AL 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	COUNT	TY STATE
_	24 5	DURIAL	1114181 4	ANGRUM DAPI. (, L	Em. YORK		5,0
1/B1		INERAL DIRECTOR	ADDRESS	10 ( 11 1 a) 25a. DA	TE REC'D BY REGISTRAL	R 256. REGISTRAR'S S	SIGNATURE
4	U	hathan MAI	RRIS FH 1701	ricuilloh ST. JA	N 1 2 1904	V	

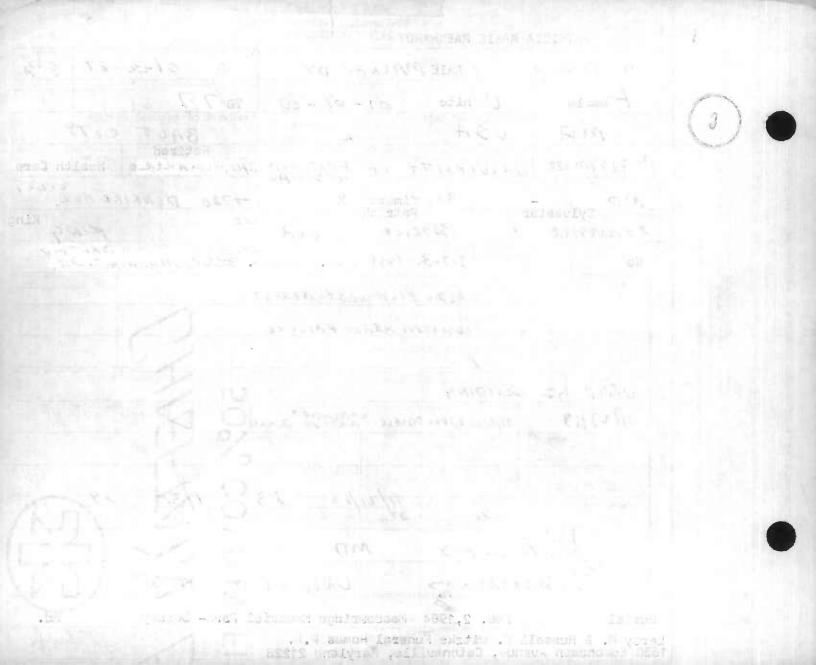
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	FOR		DEPARTM	ENT OF HE	ALTH A	AND MENTAL HY	GIENE	al al	8 1	m (42
1-	STATE REGISTRAR	ME	DICALE	XAMINER	R'S CE	ERTIFICATE OF	DEATH	REG NO.	6	
	CEASED NAME FIRS		MIDDLE		LA	ST MACDONA	LD 20 DATE K	NOWN 13	MONIH DAY	YEAR 76. HOUR
(11)	PE OR PRINT) Macio	ria	Ţ.,,	25040	( 110	onald)	OF DEATH	F211	1/4/84 19	
3. SE		5. DATE OF BIRTH	6	AGE (IN YEARS		ER I YR. IF UNDER 2			MONTH DAY	YEAR 24 HOU
E	emale Blac	k 4 18	04	7 9 YRS	MONTHS	DAYS HOURS	MIN. PRONOUNG	ED	1/4/84 19	
	RIHPLACE (STATE OR	76. CITIZEN OF W		DV2 le			9 BAITIMO	RE CITY OR	COUNTY OF DEA	
	REIGN COUNTRY)				MARRIE	D NEVER MARRIE		21.1		
1B C	N. Carolina	11. NAME OF HO	S.A.				12a. USUAL OCCUP		re City	OF BUSINESS
		(IF NOT IN SUCH F	ACILITY, GIVE STRE	EET ADDRESS)			FOR MOST OF WORK		OR IN	IDUSTRY
Ž TIŠTI	Baltimore AL RESIDENCE (IF IN NURSING HO			Way Apt	. 52					
13a. S	TATE 13b. CC	UNIY	13c. CITY C	OR TOWN	1		13e. STREET ADDRES		1 21	221
	aryland		Ва	alto.		YES NO	201 N.	Broa	dway 21	231
14 F	ATHER'S NAME FIRST	MIDDLE	LA	AST		15. MOTHER'S MAIDEN	NAME	DLE	LASI	
-	Fred			ther		Martha	J	ane	Luth	er
16a. \	VAS DECEASED EVER IN U.S. ES, NO. OR UNKNOWN) (1F YES.	ARMED FORCES? GIVE WAR OR DATES)		AL SECURITY N		7. INFORMANT		ADDRESS		1 7
	NO		217-	-22-47	04	Elizabet	th Shire	1915		
	18 CAUSE OF DEATH (Ente	r anly ane cause per lin	e far (a), (b),	and (c).)					APPRO BETWEE	DXIMATE INTERVAL N ONSET AND DEATH
	PART I DEATH WAS CA	DIATE CAUSE (a)A	rterio	sclerot	ic (	Cardiovascu	ılar Disea	ise		
	14292			EOUENCE OF						
	Canditions, if any, w									
	gave rise to immed		R AS A CONS	EOUENCE OF						
	lying cause last.		K NO N CONO	EOOLITCE OF						
	PART 2 OTHER SIGNIFICANT CONDIT	IDNS CONTRIBUTING TO DEATH	BUT NOT RELATE	D TO THE TERMINAL	BISEASE	DE CONDITION GIVEN IN PAR	I 1 (a)			
N										
CERTIFICATION	19a DATE OF OPERATION	196. COND	ITION FOR W	HICH OPERAT	ION WA	S PERFORMED?			20 AUT	OPSY?
FIC									YES	D NO D
ERT	210. EXTERNAL CAUSE WA				21c. HO	W INJURY OCCURRED	(ENTER NATURE OF INJU	RY IN ITEM 18 PAI		000
	UNDERLYING DOR	HOUR A.	M. MONTH							
MEDICAL	CONTRIBUTING CAUSE		OF INJURY	19 (AT HOME,	21f. LOC	ATION				
ME	WHIE - NOT WINE		CTORY, FARM, ETC			REET	CITY OR TOW	N	COUNTY	STATE
11	AT WORK AT WORK						CV			
	22a I certify that I taok o	harge of the remains de	escribed above	e, held an	Autopsy	, . Inspection	Inquiry	ond	in my opinion	
	death resulted from	latural causes X.	Acadent	, Suicio	de .	Hamicide .	Undetermined ma	nner .		
	1/6	int	11 1	1/71	0	TITLE (SPECIFY)				
1	SIGNATURE COL	rus /	Mus	Mr.	UM.	Assistant	MEDICAL EXAM	INER	SIGNED 1/	5/84
1	2012/00/11/25									
	(TYPE OR PRINT)	Dennis F.	Smyth	, M.D.	A	DDRESS 111 I	Penn St.,	Balto.	, Md. 21	202
23a.E	URIAL, CREMATION, REMOV	AL 23b. DATE	23c. N/	AME OF CEME	TERY OR	CREMATORY	23d. LOCATION		COUNTY	M d TATE
	BURIAL	1/7/84	В	altimo	re	Cemetery	Baltim	ore,		nd.
24 1	UNERAL DIRECTOR	ADDRES	ss				EC'D. BY REGISTRA	256 REGIST	TRAR'S SIGNATUR	E . A
WI	n C March F	H Inc. 1	101 E	North	Av	enue	16 1984	Jo C	my la	accept
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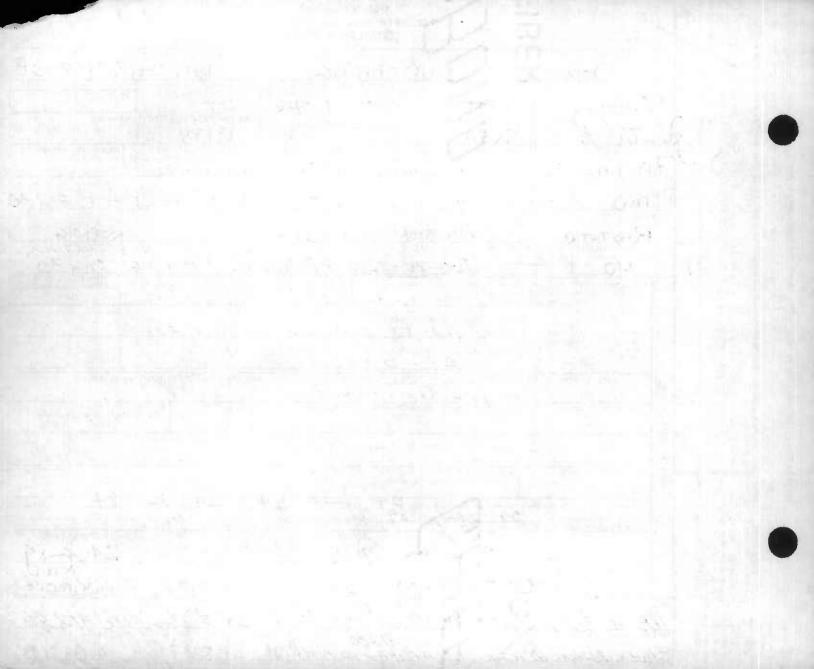
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	11	it	em 1,16b,23c #G	, , , –	STATE OF MARYLAND		1 1 4 0
V	2	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL H CERTIFICATE OF DEATH	YGIENE S 4	1 4 0 %
	(M)	1. DE	CEASED NAME FIRST	, Midpus But Le	4		DAY YEAR 26. HOUR3
	tor, pre	3. SE	To Dernic	Black	5. DATE OF BIRTH  SOUND DAY  9 22 1939	2 44	IF UNDER 1 YEAR IF UNDER 24 HRS
	orh. Poge 72 hours	D	RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	
	ofter de ofter de within		TY OR TOWN OF DEATH  BAITIMORE	11. NAME OF HOSPITAL, NURSI	WIDOWED DIVORCED  NG HOME OR OTHER INSTITUTION TADDRESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	12b. KIND OF BUSINESS OF INDUSTRY
ND 2120	filled in by ould be file	USU. 13a. S		IR OTHER INSTITUTION, GIVE RESIDENCE BEFOR	VN 13d. INSIDE CITY LIMITS		21216 1 AUD
AARYLA	npletely f	14. FA	THER'S NAME FIRST	MIDDLE RITION	15. MOTHER'S MAIDEN  FIRST  ATI	NAME MIDDLE /	SON
BALTIMORE, A	n and con Pages 1 c		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SEC		ADDRESS	41,
05, 201 W. PRESTON ST.	quires that the death certificate t signed by the ottending physicia hen please remove carbompopers to burial, cremetian, or removal. ijury, or other traumatic event, the	Z	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  CONDITIONS CONTRIBUTING TO	iechrain sy JENCE OF Codusal deen	erminal disease or condition giv	EN IN PART 11a
VII AL KECOKUS,	cion. re hos been sit permit. I giene priori	CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
DIVISION OF VILAL	JG PHYSICIAN: ottending physical ter this certifical is the buriol-troop the doal Mental Hy rkedor teer 18	MEDICAL	OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRÉD WHILE NOT WHILE NOT WORK AT WORK		21f LOCATION	CITY OR TOWN	COUNTY STATE
D	L OR ATTENDIN the hospital or to DRECTOR. Af toched for use or to Dept. of Healt if hem 21 is ma			attended the deceased from	DEGREE ATTENDING		r and fram the causes stated  22c. DATE SIGNED
	TO HOSPITAL (retoined by the TO FUNERAL (should be deto with the Stote (IMPORTAN); if		22d HIY CIAN'S NAME (TYPE	ORPRINT) W.REEE	PHYSICIAN 122e ADDRESS 6/1 5. CH	DIRECTOR PHYSICIAN	MD, 21230
	BP		BURIAL CREMATION, REMOVAL	236. DATE 23c.	Ar Dutus	23d. LOCATION SITY OR TOWN	COUNTY Md . STATE
-	DHMH - 16 50M 4/82	24 FI	DIAME A MOOT	ADDRESS	25a.	DATE REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNAPURE

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		STATE OF MARYLAND	9 /
0 0	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL H	YGIENE O TO
1 1 14	REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE LAST	20 DATE OF DEATH MONTH DAY YEAR 26. HOUR
deod oge	JOROT		JAN 24,1984 8:20 PM
m mo	3. SEX	4 RACE S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)  IF UNDER 1 YEAR IF UNDER 24 HRS  MONTHS DAYS HOURS MIN.
- 0 55	FEMALE	CAU. MAY 9 1926	
4 19 19 19 19 19 19 19 19 19 19 19 19 19	RESTHIPLACE STATE OF OREIGN	76. CITIZEN OF WHAT COUNTRY?	9 BALTIMORE CITY OR COUNTY OF DEATH
	Hula to	WIDOWED DIVORCED	□ C119 MD.
1 23 700	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCHEACULTY, GIVE STREET ADDRESS)	126 USUAL OCCUPATION  (1YPE OF WORK FOR MOST OF WORKING LIFE)  12b. KIND OF BUSINESS OR INDUSTRY
201	JALTIMORE	SOUTH BALTIMORE GIEN HSP.	Housewife.
1 hour of be	13a. STATE 13b. COI	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  JNTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS:	? 13e STREET ADDRESS / ZIP CODE
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	mo I -	BALTIMORE YES D NO []	130 E. FORT AUE 2/230
with with d 2 s	14 FATHER'S NAME	MIDDLE LAST FIRST	MIDDLE LAST
	1X AYMOND	WILSON FRIZOA	ADDRESS 20 & FORT AR
BALTIMORE.	(YES, NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	Dan 30 E. POICI NOC.
JIIM be on one	NO	160-20-7280 FRAN	K. K. MANNING 21330
BAI cote	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAUS	only one couse per line for (a), (b), and (c), 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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he deoth common to transmitted in the decorption or transmation, or transmatical in the matter of the transmitted in the transmatical in the transmitted in the trans	4100	DUE TO, OR AS A CONSEQUENCE OF	
RES de	Conditions, if any, which gave rise to immediate	(b) Heart presumon	- all ma
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		H unartensión	RMINAL DISEASE OR CONDITION GIVEN IN PART ITS
been mit. T	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
he for an. hos I perrepered ows	E		YES TO NO YES NO NO
F 0 4 8 0 4	190 DATE OF OPERATION 216. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216. HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
SICIAN ng phys certifica vial-tro entol H hem 18	OR CONTRIBUTING CAUSE OF I		
PHYSICI PHYSICI this cert the burial of Mental	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e PLACE OF INJURY 211 LOCATION	COUNTY STATE
IVISI	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET	
O O O O O O O O O O O O O O O O O O O	22a.1 certify that (I) (this has	pital) attended the dismised from 27 19 8	7 10 7 , that (I) (we) last
TTEN Portol For cof H	saw the deceased alive of	on	ion death occurred on the later and hour and from the couses stated
OR ATT	226. SIGNATURE	DEGREE	22c DAYC GIGNED
7 = 7 = 2	(10	e (3. Wh. M.D. ATTENDING PHYSICIAN	
SPITANES	22d. PHYSICIAN'S MALE (TYP	E OR PRINT) 22e. ADDRESS	$\rightarrow$ / mp.
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DHMH - 16 50M 4/83	74-FUNERAL DIRECTOR	ADDRESS 21230 250	DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE
(VRA 15, 4)	Struck Bureal	HOME FOR- 150/12 POCKAN BAND HAR	AN 26 1984 \ \ 2 C \ 2 C \ \ \ \ \ \ \ \ \ \ \ \ \



DIVISION OF

STATE OF MARYLAND

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2	FOR STATE REGISTRAR			DEPARTM	ENT OF H	OF MAR (LAN EALTH AND ME CATE OF DE	NT AL HYG	IENE B	REG. NO.	0	2	7 2
×	1. DECEASED NAME (TYPE OR PRINT)	FIRST	WIDDIE			31		20 DATE OF D	EATH MON		YEAR	2b. HOUR
10		ROSE	•			RANTO			{	20	84	٨
)	3 SEX Female		White		5. DATE O	F BIRTH	93	6 AGE LINYEA	RS LAST BIRTHDA	YRS IF UNIT	DER I YEAR	HOURS MIN.
od within 72 hou	70 BIRTHPLACE ISTA	TE OR FOREIGN 7	LS &	COUNTRY?	MARRIED WIDOWE	NEVER MA	RRIED -	9 BALTIMORE	BA 1-	ounty of D	Cut	MC
iled with	Baltime		I NAME OF HOSPI LIF NOT IN SUCH FACILITY Good Se	TAL, NURSING ITY, GIVE STREET A MATITE	GHOMEO ADDRESS) IN HOS	pital	NOITU	12a USUAL OC (TYPE OF WORK FO Homen	OR MOST OF WO		b. KIND O IDUSTRY	F BUSINESS OR
ages 1 and 2 should be filed redical events and the	USUAL RESIDENCE (# 130. STATE Maryland	13b COUNT	TY 13 <u>c.</u> C	SIDENCE BEFORE LITY OR TOWN Altimor	N	13d INSIDE CITY YES 🔼 N	LIMITS?	134.STREET AC 6127	DRESS / ZII	P CODE Avenu	e 21	1206
JAN September 19	14 FATHER'S NAME Peter	· ·	NIDD1E	D'Änns	1	IS MOTHER'S M	ney		WIDDLE		D'A	ngelo
npapers. Pages I maval. vent, the medical	160 WAS DECEASED I		WAR OR DATES	OCIAL SECUI		Joseph		to 6127	ADDRESS Alta	Avenu	e 2	1206
been signed by the attending rint. Then please remove carbo prior to burial, cremation, ar re any injury, ar other traumotic e		immediate stating the ause last.	DUE TO, OR AS A  (b)  DUE TO, OR AS A  (c)  DODDITIONS CONTRI	C A CONSEQUE	NCE OF			INAL DISEASE O	SY? 20	b. IF YES, WE	RE FINDIN	NGS USED
ows ene	RTIFIC	IS UNDERLYING	21b. TIME OF INJU	IBV/					40 🗌	YES _		NO [
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old be detached the State Dept.	226. SIGNATUR 226. PHYSICIAN	SNAME (TYPE OR	PRINT)				ENDING YSICIAN [	MEDICAL DIRECTOR	STAFF PHYSICIAN		III. DAIE	SIGNED
should be with the S	22- BURNAL CREMAN	JUDSOI	Ton DAYE	T 22. N	IAME OF C	TAFFERY OR CRE	FILLTORY	23d. LOCAT	ION			
	230. BURIAL, CREMAT (SPECKY) B1	urial	Jan 24 19			deemer	Cem.	Ba.	Ltimor		I	Maryland
6 50M 4/83 15, 4)	24 FUNERAL DIRECTO Leonard	OR .		1timore				REC'D. BY REC			SSIGNAT	

DHMH - 16 50M 4/83 (VRA 15, 4)

The company of the co .

Leonard J. Ruck, Inc. Baltimore, Maryland

FOR

- STATE

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIFNE

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## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

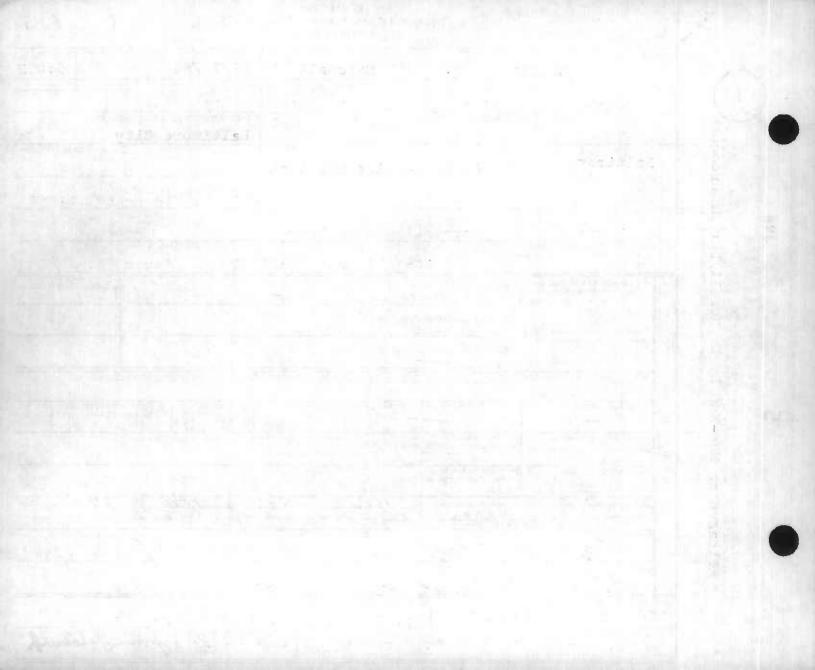
	REGISTRAR				CERTI	FICALE OF	DEATH	REG	NO.		
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[TYP]	E OR PRINT)	Lill	ian	Α.	1	Marsha	11	01/26/8	34		5:00R
3. SE	х	4	. RACE	1.77	5. DATE	OF BIRTH	YEAR	6. AGE IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	
	Female		В1	ack	1		10	73	YRS.	MONTHS DATS	HOURS MIN.
	IRTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COU	NTRY? 8 MARRI	ED NEVER	MARRIED -	9 BALTIMORE CIT			
	VA			USA	WIDOW	ED D	IVORCED	Baltime	ore Ci	ty	MD.
10 C	Baltimore  11. NAME OF HOSPITAL (IF NOT IN SUCH FACRITY, C The John				STREET ADDRESS)			120. USUAL OCCUP			OF BUSINESS OR
USU 13a	AL RESIDENCE (# NUR STATE	13b. COUNT	THER INSTITUTION	13t. CITY OF	RTOWN		CITY LIMITS?	13e STREET ADDRE			
	MD			Balt	imore	YES 🖹	NO 🗌	810 N.	Glove	er St.	21205
14.F.	ATHER'S NAME EIRST Thomas		IDDIE	Campb	e 1 1		'S MAIDEN NA/ FIRST  ary	WE		Booth	AST
	WAS DECEASED EVER		ED FORCES?	166 SOCIA	L SECURITY NO.	17. INFORM	ANT	AD	DRESS		A
	No	Jan 163, Olde	WAR OR DATES)	216-	14-801	9 Hele	n Bell	810 N.	Glove	r St.	
	IS CAUSE OF DEA	TH (Enter anly	ane cause pe	er line far (a), (	(b), and (c).)					APPRO BETWEEN	XIMATE INTERVAL
	PART I. DEATH V	WAS CAUSED	BY: CAUSE (a)		respired	4,201 a.	nnest				
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	gave rise to im	mediate	(p)_								
	underlying caus			OR AS A CON	SEQUENCE OF						
	BART 2 OTHER SIC	NUE CANIT CO	(c)	CANTERIBLITING	C TO DEATH BU	T NIOT BELATE	D TO THE TERM	IN AL DISEASE OR C	ONDITION OF	VENI IN I DADY 1	
Z	VARI 2 OTHER SIG	MIRCAINICC	NADII ION3 C	ON NO.	O TO DEATH BO	THOT KELATE	D TO THE TERM	INAL DISEASE OR C	ONDITION GI	VEN IN PART I	10
CERTIFICATION	19a. DATE OF OPERA	NOITA	19b CONE	OITION FOR V	VHICH OPERATION	ON WAS PERF	ORMED	20g AUTOPSY?	20b. IF YE	S, WERE FIND	INGS USED
등								YES TI NOT	- 1	IFYING CAUSE	
EX	71a. ACCIDENT WAS UN	IDERLYING []	21h TIME	OF INJURY		21s HOW I	VIURY OCCURE	RED (ENTER NATURE OF			NO [
	OR CONTRIBUTING		н		H DAY YEAR	2		12.112.111.0112.01			
MEDICAL	21d. IN JURY OCCUR			OF INJURY	19	ZII LOCAT	ON				
MEC		OHILE			OFFICE, FARM, ETC.)	STREE		CITYO	RTOWN	COUNTY	STATE
	22a.1 certify that (I	) (this hospite	l) attended t	he deceased	from	26	1984	, to/	124	19 84	, that (I) (we) last
	saw the decear above, (1) (we)	sed alive an_	view the had	2.6	19 84,0	and that in (my	) (aur) apinian	death occurred an th	e date and ha	ur and from the	e causes stated
1	226. SIGNATURE	/	/	y difer dediti.		DEGREE		State III		22c. DAT	ESIGNED
	1/1/1/14	11	Tinh HI	1000	10		ATTENDING PHYSICIAN		TAFF	1/	20/84
	MARI	A T.	1/2	tique	In MIT	27e ADDRE	AHH	_			
23a.	BURIAL, CREMATION	, REMOVAL	23b. DATE	0	23c. NAME OF	CEMETERY OR	CREMATORY	23d. LOCATION		COUNTY	STATE
	Burial		1/31	/84	Mt. C	alvary	Cem.	Balti			MD
74 F	LINEPAL DIPECTOR							E DECON AN DECASTO	AD 155 (DEC IS	TDAD'S SIGNIA	2000

1101 PORESS North Ave.

DHMH - 16 50M 4/83 (VRA 15, 4)

Wm, NAMC.

March F/H



2 8	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	2/6			
be oge 3 death	1 DECEASED NAME FIRST (TYPE OF PRINT)		MARTIN	20. DATE OF DEATH MONTH DAY YEAR 26 HOL				
	3. SEX  A BIRTHPLACE (STATE OR FOREIGN	4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY) IF UMON YRS.				
deoth.	COUNTED A COUNTE	16 CITIZEN OF WHAT COUNTRY	MARRIED VEVER MARRIED WIDOWED DIVORCED ING HOME OR OTHER INSTITUTION	BACTIMIRE	CITY MD.			
us offer us offer the filed will	BALTIMURE  OSUAL RESIDENCE (IF NURSING HOME)	(IF NOT IN SUCH FACILITY, GIVE STRE	of MARY and	(TYPE OF WORK FOR MOST OF WORKING LIFE)	Retired			
in 24 ho	Maryland Wash	nington Hagers	IS MOTHER'S MAIDEN NA	15 Fairground	Ave. 21740			
cal example to	RICHCOO	MIDDLE GINTER	nd Ruth	MIDDLE	Bay			
be exe	(YES, NO ORUNKNOWN) (IF YES, G	175-03-	0135 Martin, J	ohn E - 15 Faire	L APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH			
	PART I. DEATH WAS CAUS  Canditions, if any, which gove rise to immediate	inly one couse per line for (a), (b), or ED BY:  ITE CAUSE (a)  DUE TO, OR AS A CONSEQ  (b)	HIPOXIA		S Weeks			
ires that the gned by the n please rer burial, crem	cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQ	DEATH BUT NOT RELATED TO THE TERM	CEMIA  LINAL DISEASE OR CONDITION GIVEN	6 Wer.			
the law required.  e has been signed to the prior to green prior to green t	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING [		CH OPERATION WAS PERFORMED	YES NO YES	/ERE FINDINGS USED NG CAUSES OF DEATH?			
IYSKIA ding pl is certif burial-t Mental	218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUSE OF DI  118. EITHER. NOTHY MEDICAL EXAMINI  214. INJURY OCCURED	HOUR A.M. MONTH P.M.  21e. PLACE OF INJURY	DAY YEAR 19 211. LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	OR PART 2)  COUNTY STATE			
rENDING PH rtol or othern OR: After th or use as the f Health and I is marked o	226.1 certify that (1) (this hasp	(AT HOME, STREET, FACTORY, OFFIC	1 1 9 4 , 19	10 1/26/29 19.	that (I) (we) last			
OR ATT	sow the deceased five of above, (I) (we) (did/did/A) 27b. SIGNATURE	and live	OF ATTENDING PHYSICIAN	death occurred an the date and hour and	22c. DATE SIGNED			
TO HOSPITAL retained by the TO FUNERAL should be detained that the Mark the State IMPORTANT. If	PICHAN	(AREY)	MO 220 ADDRESS UNIV.	of Maryla	no			
BP	230. BURIAL, CREMATION, REMOVA burial	Jan. 30, 1984	Rest Haven Cem.	Hagerstown, Was	h.,Maryland			
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 FUNERAL DIRECTORMINNI 415 E. Wilson B	ACCOUNT	OME 21740 JAN	30 984	. Center			

877 13 X 1 1 CALLIANCE CITY builted the property of the property of the state of THE PRESENT DAY I SEE PERSONNEL AND 41x=91H PACKEDINA PORT Acute Lalcomin 14600 Contract to wind End was broken the A CONTROL OF MATERIAL PROPERTY OF THE PROPERTY

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH 2b. HOUR 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 1889 94 YRS **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Baltimore 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY North Charles General Hospt. Own Home Homemaker 13e STREET ADDRESS 13d. INSIDE CITY LIMITS? 5503 Plainfield Ave. 21206 15. MOTHER'S MAIDEN NAME MIDDLE Weincamp ADDRESS Martin Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH WETASTATIC DISEASE - HEPATIC-PULM. OF BREAST CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20a AUTOPSY? 20b IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? NOT YES NO [] 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (our) apinion death accurred on the date and hour and from the causes stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF DIRECTOR PHYSICIAN PHYSICIAN 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN STATE Burial 1-9-84 Sacred Heart Baltimore Balto. Md. 24 FUNERAL DIRECTOR Henry W. Jenkins & Sons Co., Balto., Md.

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HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

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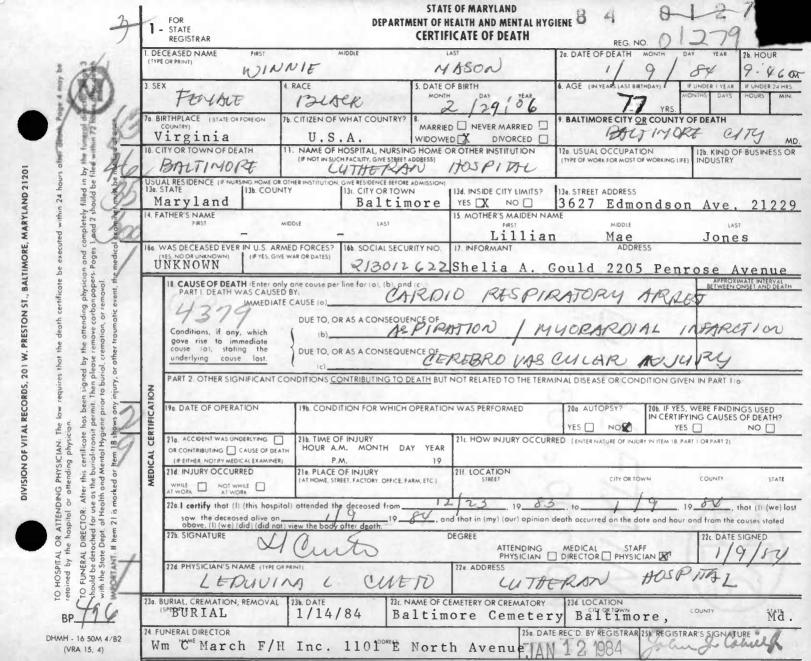
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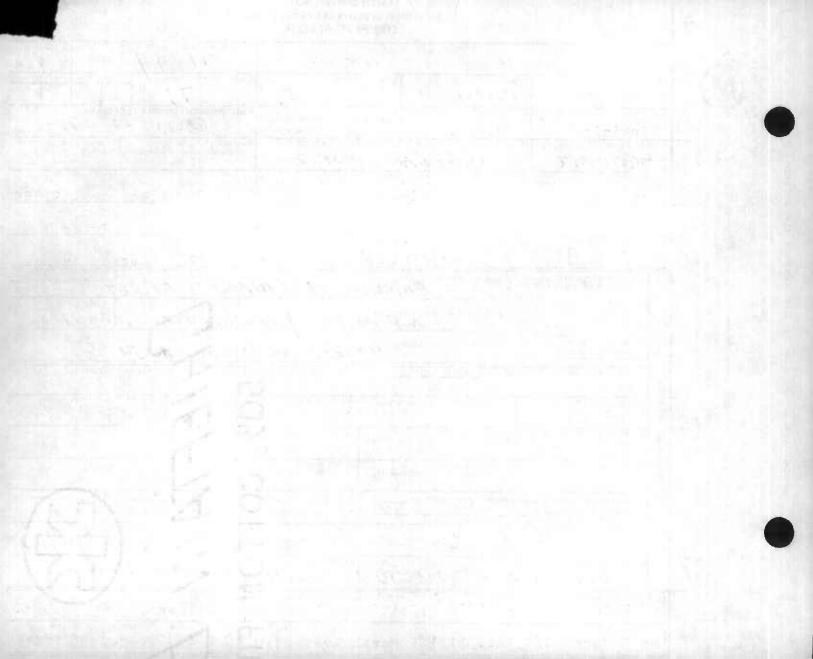
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

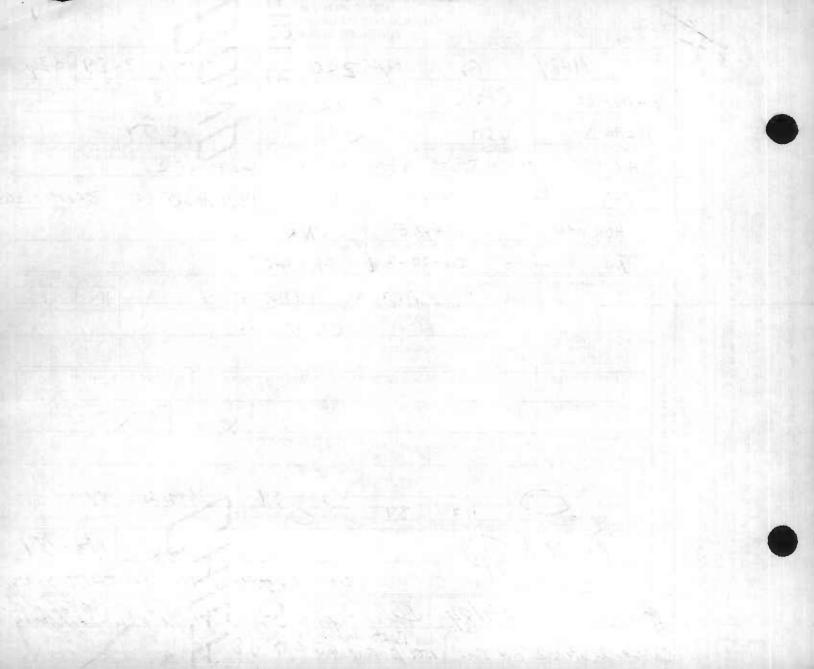
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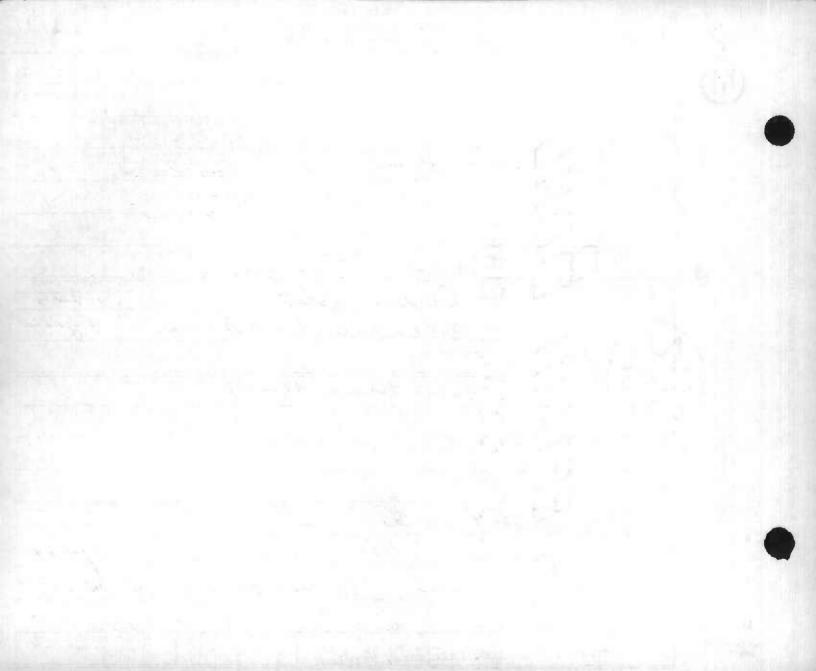


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filled in hould be	130	MO	OUNTY	ITUTION GIVE RESIDENCE BEFO 13c. CITY OR TO	O	YES NO [	114:	EET ADDRESS / ZIP	CODE	BA	470 2123
ompletely 1 and 2 sh		THER'S NAME FIRST HERMAN	V MIDDLE	WAYA	JE	S. MOTHER'S MAID	DEN NAME	MIDDLE		IAST	
S. Poges		VAS DECEASED EVER IN YES, NO OR UNKNOWN) (1	U.S. ARMED FOR			7. INFORMANT	4ART	ADDRESS			
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ttending ve corbo ion, or re		Conditions, if ony, which (b) H-A.S.C.V.									
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sit permit.	CERTIFICATION	19a DATE OF OPERATION	N 19b	CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	20a YES	AUTOPSY? 20b.	IF YES, W CERTIFYIN YES	ERE FINDIN G CAUSES	OF DEATH?
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os the bur th and Me orked or th	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e.	PLACE OF INJURY HOME STREET, FACTORY OFFICE		LOCATION STREET	m . /	CITY OR TOWN		COUNTY	STATE
TOR: Afternoon of Health		220.1 certify that (I) (and sow the decease) obove, (I) (we) (did)	alive on	nded the deceased from	XU	that in (my) (our)	pinion deoth o	curred on the date or	19_ nd hour on		that (I) (we) fast
AL DIRECTO		22b. SIGNATUR	40°	7,111	DE	GREE ATTEND PHYSIC		ICAL STAFF	7	224. DAJE S	SIGNED DE
TO FUNERAL should be determined by the should be determined by the State IMPORTANT.		22d. PHYSICIAN'S NAME	E (TYPE OR PRINT)	y		22e ADDRESS		OVER S	7.	SHIT	021231
F # 3 8	23a. I	BURNAL, CREMATION, REA		13/84 P	NAME OF CE	METERY OR CREMA		Sold Per	to fi	294	to stad
16 50M 4/83 RA 15, 4)	Ch	UNERAL DIRECTOR	VINS F. H	ADDRESS 150		4 Ave 30	FEB 2	BY REGISTRAR 256. R	REGISTRAR	's signation	Shield.



201 W. PRESTON ST.

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(VRA 15. 4)

of milest. Burnell 4 - Autoli helon lawlesher but Jeker St. Phile. Th. Jan. 7, 198k | Holy Sounichme Tem. Mendmonr, Penne. Jeman J. Del, Me. Baldiner, 34.

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	1 -	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
		CEASED NAME FIRST OR PRINTS	A	MIDDLE	-	TAST	26 DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
1	1	DAVID		M	CCOL	LUM	01-28-84			12:0 %P
	3. SE	X	4. RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIR		UNDER TYEAR	IF UNDER 24 HRS
)	Ma	le	Blac	ck	8 BATE O	16 10°	73	YRS.	VINS DATS	MIN,
120	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	B	D NEVER MARRIED	9 BALTIMORE CITY O		PDEATH	
10	1	N.C.		USA	WIDOWE		BALTIMOR	E CIT	Y	MD.
20	и сі	ITY OR TOWN OF DEATH				OR OTHER INSTITUTION	120. USUAL OCCUPATI		12b. KIND C	OF BUSINESS OR
	B	ALTIMORE	THE J	OHNS HO	PKIN	S HOSPITAL				
3		AL RESIDENCE (IF NURSING HOME OF		Baltime	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		1+ 2	1202
	IA. FA	ATHER'S NAME		Deretin	OLG	15. MOTHER'S MAIDEN NA		reer c		1202
101	0	FIRST	WIDDLE	LAST		FIRST	MIDDLE		LAS	51
1		VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE	ESS		
/		YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	579-10	-916	2 Bessie Mc	Collum 10	12 Maz	loor	C+
-		IN CAUSE OF DEATH (Enter or	ly one cause per			+ Depore Me	COTION TO	12 MCF		MATE INTERVAL ONSET AND DEATH
		PART I. DEATH WAS CAUSE	D BY:	Acido				1 day		
		I C T	TE CAUSE (o)							o (wy
		Conditions, if ony, which	DUE TO, OF	ROMO	NCE OF	lure Hon	ster Frile	ire	1	Sau
		gave rise to immediate	) (b)—	norace	1 10			0		
		cause (a), stating the underlying cause last.	DUE TO, OF	R AS A CONSEQUE	NCE OF	lure, Hep Uular Ca	Acinoma			
		PART 2 OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	DITION GIVEN	IN PART 1	0:
	20	Chroni	Rom	al Inc	ulli	ciencu	THE BIOCHOL ON CO.	D. 1.01 O. 1. E. 1		
7	CERTIFICATION	19a DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFO MED	20e AUTOPSY?	20b. IF YES, V		
1	Ĕ	None		None		9	YES NOT	IN CERTIFYII		OF DEATH?
1	8	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR		RY IN ITEM 18 PART	TORPART 2)	
4	₹	OR CONTRIBUTING CAUSE OF DE			19					
1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE	OF INJURY		211 LOCATION STREET	CITY OR TO		COUNTY	STATE
3	E	WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFFICE, FA	ARM, ETC )	ZIKEEI	CITTORTO	WIN	COGIVIT	STATE
3		220.1 certify that (1) (this hasp	ital) attended the	e deceased fram_	fa	n 25 19 84	to Jan	28 , 19	84	that (I) (we) lost
		saw the deceased alive an above, (1) (we) (did) (did no	<u> </u>	28 19 2	34_, .	nd that in (my) (aur) opinion	death occurred on the d	ate and havr a	nd Irom the	causes stated
	10	276 SIGNATURE	. A	diter dealii.		DEGREE			22c. DATE	
		V	Chan	81		ATTENDING PHYSICIAN	MEDICAL STA		1/2	28/84
T	1	224. PHYSICIAN'S NAME (TYPE C		0		22e. ADDRESS		1		
		V (	chang			JOHNS	HOPKINS.	Hospila	tL, R	ALTO, MI
T	23a. 6	BURIAL, CREMATION, REMOVAL	236 DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		CLASS	
-	,	SPECIFY Burial	2/1/0	1 17.		tore Man Di-			OUNTY	2

DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR
NAME
Wm. C. Ma March F/H 1101 E. North Ave.

With the second . Plan at the State make the broken stage of the board of durant the Marine I to the Party 42. SETTING AND THE STATE OF THE STATE OF

BP_____ DHMH - 16 50M 1 (VRA 15, 4)

EASED NAME  DR PRINT)  Fm	First	MIDDLE		LASI	REG. NO	MONTH / DAY /H	
£m.	ma.				ZE DATE OF DEATH	MOHIN / DAT / 11	M 25 HOU
		Martha		cComas		1/21/8	1 825
female		ite	5. DATE (		6 AGE (IN YEARS LAST BIR		TEAR PLINDER
Balt. N	ed .	OF WHAT COUNTRY?	MARRIE WIDOWI	NEVER MARRIED DIVORCED D	9 BALTIMORE CITY O	t. City	гн
alto. City	St. A	gnes Hospi	tal			F WORKING LIFE) INDUS	ND OF BUSINE STRY M. schoo
Md.	IG HOME OR OTHER INSTITU	13c CITY OR TOWN High Po	Int	YES NO.XX		wood Road	21122
HER'S NAME FIRST	MIDDLE .	Wilde	er	15. MOTHER'S MAIDEN NAME Elizabeth	MIDDLE MIDDLE	I	oris
S, NO OR UNKNOWN)		(S)		17 INFORMANT			MEST
				Raiph E. Mc	comas (same		PPROXIMATE INTER
gove rise to imme couse (a), stoting underlying couse	the DUE TO			NOT RELATED TO THE TERM	of Bries	DITION GIVEN IN PA	RT 110
9a DATE OF OPERATI	ON 196 CO	NDITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE F IN CERTIFYING CA YES	
OR CONTRIBUTING CA	USE OF DEATH HOUR		Y YEAR	21c HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	RY IN ITEM 18 PART I OR PA	RT 2)
WHILE   NOT WHILE	(AT HOM	CE OF INJURY E STREET, FACTORY OFFICE FA		211 LOCATION STREET	CITY OR TO	wn coun	TY SI
sow the deceased above, (1) (we)((die					eoth occurred on the do	te and hour and from	that (f) (w
10	Jahrena	1 MD.		ATTENDING PHYSICIAN	MEDICAL STAF	FIAN	1/21/8
1 7	PAQUIN (			54.	Agnes H	osp.	
JRIAL, CREMATION, R				emetery or crematory  ew Memorial	23d. LOCATION		
1 P 19 2 2 2 2 2 2	RESIDENCE (IF NURSIA ALTO. CITY  RESIDENCE (IF NURSIA ATE  Md.  HER'S NAME FAT1  AS DECEASED EVER IF S, NOOR UNKNOWN)  NO  8 CAUSE OF DEATH PART I. DEATH WA Underlying couse  PART 2 OTHER SIGNI  10 ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EINFUR COUSE)  11 WORK NOTIFY MEDICA  12 SOW THE GEOSSE OBOVE, (1) (WHILL 11 WORK NOTIFY MEDICA  12 SOW THE GEOSSE OBOVE, (1) (WE)  12 SOW THE GEOSSE OBOVE, (1) (WE)  12 SIGNATURE	RESIDENCE (IF NURSING HOME OR OTHER INSTITU  A.A.  RESIDENCE (IF NURSING HOME OR OTHER INSTITU  A.A.  HER'S NAME FIRST  AS DECEASED EVER IN U.S. ARMED FORCE S, NOOR UNKNOWN)  RECAUSE OF DEATH IENter only one cause PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE OF PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE OF DUE TO Conditions, if ony, which gove rise to immediate cause (a), stoting the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONDITION  POR DATE OF OPERATION  POR DATE OF OPERATION  POR DATE OF OPERATION  POR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY EDICAL EXAMINER)  POR LACCIDENT WAS UNDERLYING AT WORK  POR LACCIDENT WAS UNDERLYING AT HOUR (IF EITHER, NOTIFY CULRED  AT WORK  POR CONTRIBUTING CAUSE OF DEATH AT	RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GWERESIDENCE BEFORE ATE MA. A. A. HIGH POLICE FOR ALL MANDER HOS POLICE FOR ALL MANDE HER'S NAME HER'S GIVE WAR OR DATES)  8. CAUSE OF DEATH IENTER ONLY ONE COUSE PER IND (IS A SOCIAL SECULARY OF ALL MANDE HOS POLICE FOR ALL MANDE HOS POLICE	RESIDENCE LIE NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE SETURE ADMISSION) ATE Md.  RESIDENCE LIE NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ATE Md.  RESIDENCE LIE NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) ATE Md.  RESIDENCE LIE NURSING HOME OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) HER'S NAME FIRST  AS DECEASED EVER IN U.S. ARMED FORCES? IS NO OR UNKNOWN)  (IF YES, GIVE WAR OR DATES)  BY ALL DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (O)  DUE TO. OR AS A CONSEQUENCE OF  CONDITIONS, if ony, which gove rise to immediate couse (O), stofting the underlying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  OR DATE OF OPERATION  IPB. CONDITION FOR WHICH OPERATION  P.M.  IPB. CONDITION FOR WHICH OPERATION  IPB. CONDITION FOR WHICH OPERATION  AT WORK  P.M.  IP MALE  P.M.  IP MALE  OR CONTRIBUTING TO DEATH HOUR A.M. MONTH DAY YEAR HOW A.M. MONTH DAY YEAR HOUR A.M. MONTH DAY YEAR	TORTOWN OF DEATH  2 Ito. City  Stiff Not Asymptote Hospital, Nursing home or other institution  Stiff Not Asymptote Hospital  RESIDENCE IF NURSING HOME OR OTHER INSTITUTION OF RESIDENCE BEFORE ADMISSION)  ALE  MILE TO TOWN  HISP POINT  13 CITY OR TOWN  HISP POINT  15 MOTHER'S MAIDEN NAM  BETT  L.  Wilder  15 MOTHER'S MAIDEN NAM  Elizabeth  16 SOCIAL SECURITY NO.  213 28 3609  Ralph E. McC  8 CAUSE OF DEATH (Enter only one couse per line for 19 1, 10, ond 10  18 CAUSE OF DEATH (Enter only one couse per line for 19 1, 10, ond 10  19 DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gove rise to immediate couse (o), stofing the underlying couse lost.  (c)  DUE TO, OR AS A CONSEQUENCE OF  UNDERTO, OR AS A CONSEQUENCE OF  UNDERTO, OR AS A CONSEQUENCE OF  (d)  DUE TO, OR AS A CONSEQUENCE OF  (e)  DUE TO, OR AS A CONSEQUENCE OF  (g)  ACCIDENT WAS UNDERIVING (ii)  (g)  CONDITION FOR WHICH OPERATION WAS PERFORMED  19 CONTRIBUTING (iii)  19 CONDITION FOR WHICH OPERATION WAS PERFORMED  10 ACCIDENT WAS UNDERLY (II)  10 ACCIDENT WAS UNDERLY (II)  11 HOWE SINEEL, FACTORY OFFICE FARM, ELC.)  21 LOCATION  SIREET  ATTENDING (II)  AND HOME SINEEL, FACTORY OFFICE FARM, ELC.)  22 ADDRESS  ATTENDING (PHYSICIAN)  22 ADDRESS  ATTENDING (PHYSICIAN)	ALLO. CITY  STENDENCE IN NUBSING MORE OR CHER INSTITUTION  STENDENCE IN NUBSING MORE OR CHER INSTITUTION  STENDENCE IN NUBSING MORE OR CHER INSTITUTION. OF CRESTED HOSPITAL  RESIDENCE IN NUBSING MORE OR CHER INSTITUTION. OF RESIDENCE BLOWN SOLVEN.  A.A.  RESIDENCE IN NUBSING MORE OR CHER INSTITUTION. OF RESIDENCE BLOWN SOLVEN.  A.A.  M. STENDENCE BLOWN STENDENCE BLOWN SOLVEN.  M. SOLVEN SOLVEN.  M. SOLVEN SOLVEN.  M.	ALLO. CITY  St. Agries Hospital Nursing Homes of Other Institution  St. Agries Hospital  St. Agries Hospital  St. Agries Hospital  Introduce which represent the provided of other institution of which will be considered on the provided of

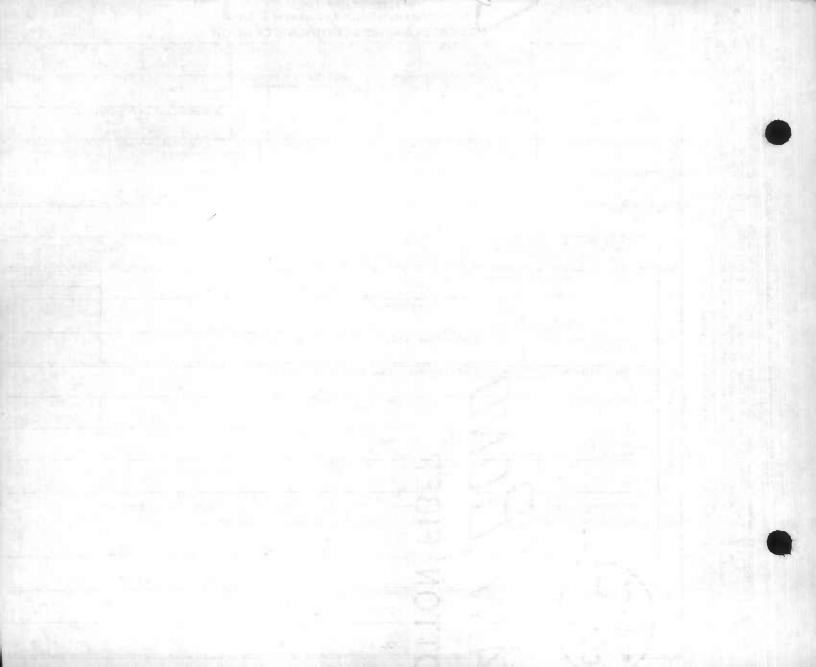
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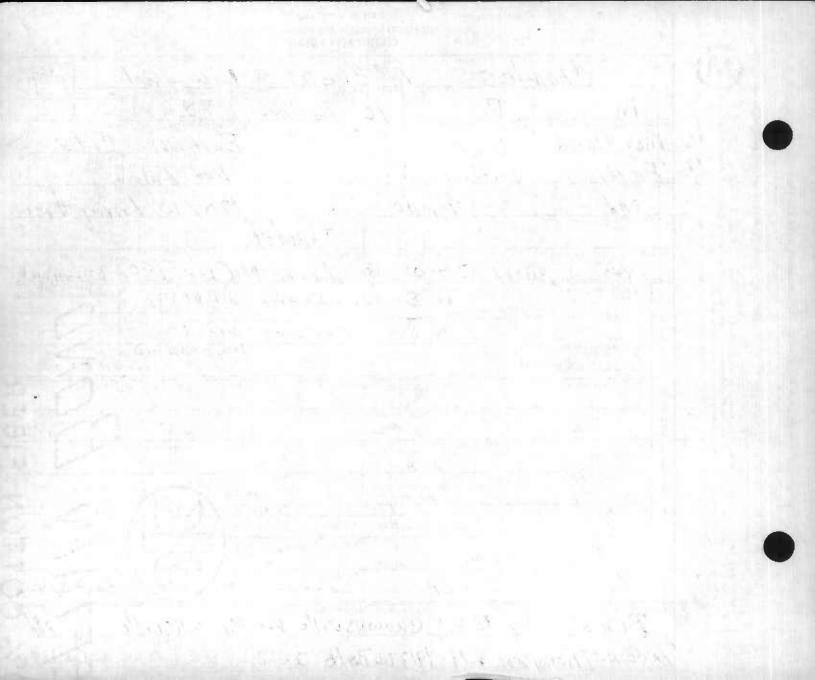
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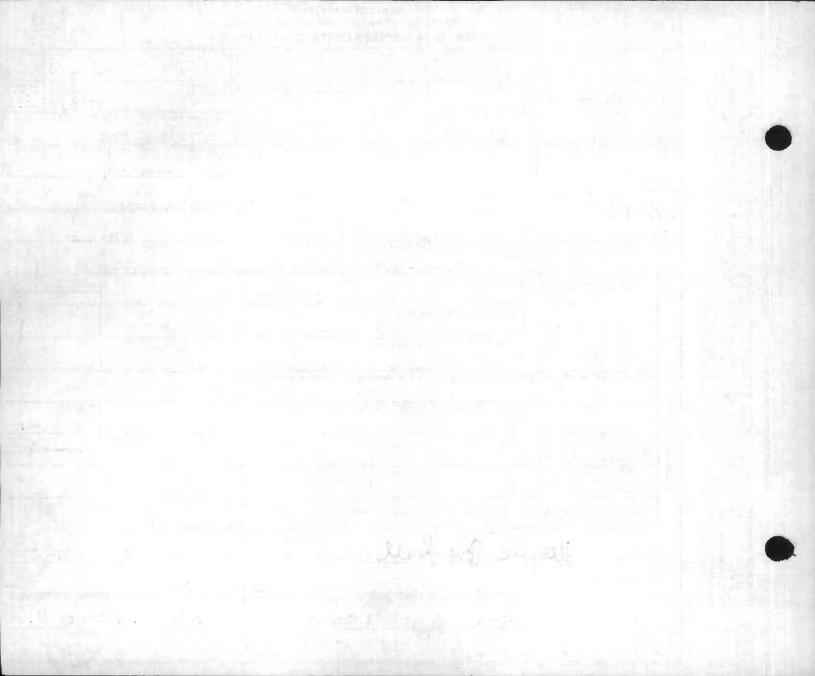
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1-	FOR STATE				MENT OF						· ·	d'a		U
1 4 4	REGISTRAR	FIRST	WE		EXAMIN	VER'S		CATEC	F DEATH	- K	EG. NO.		X	
	CEASED NAME PE OR PRINT)	FIRST		WIDDLE			LAST			OF EST		NTH DAY	YEAR	26. HOUR
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3 SE	X 4. R	ACE	5. DATE OF BIRTH	YEAR	6 AGE (IN Y		NDER 1 YR.	IF UNDER		DATE	MOM	TH DAY	YEAR	2d. HOUI 12:0
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70 B	IRTHPLACE (STATE COREIGN COUNTRY)	OR .	76. CITIZEN OF W	HAT COU	NTRY?	MARR	IED X NE	VER MARR	IED   9. B	ALTIMORE	CITY OR CO	UNTY OF	DEATH	
	Virginia			.S.A.		WIDOW		DIVORC		Baltim	ore Ci	ty		WE
10 C	ITY OR TOWN OF D	EATH	11. NAME OF HO	ACILITY, GIVE	STREET ADDRESS)		IER INSTITU	NOITI		OCCUPATIO OF WORKING LI		ORK 12b KI	ND OF BU R INDUSTR	
1	Baltimor		2706 A											
	AL RESIDENCE (IF IN	13b. COUN			E BEFORE ADMISS Y OR TOWN	(NOI)	13d INSIDE	CITY LIMITS?	13e STREET	ADDRESS				
	aryland			Ba	altimo	ore	YES X	NO 🗆	2706	Alle	ndal	e Rd.	212	216
14. F	ATHER'S NAME		MIDDLE	1	LAST	1 1 2 3 1	15. MOTH	ER'S MAIDE	NAME	MIDDLE			LAST	
	James			Mc	Coy			Lemet	ine			Нι	inte	C
	WAS DECEASED EV		MED FORCES? WAR OR DATES)	16b. SO	CIAL SECURI	TY NO.	17 INFOR	MANT		AD	DRESS			
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	18 CAUSE OF DE		ly ane couse per lin									BETY	PPROXIMATE	INTERVAL
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	cause (a) stat lying cause la	ing the under-	DUE TO, OI	RASACOI	NSEOUENCE	OF								
	37.113 66.55 1.0	<del></del>	(c)											
_	PART 2 OTHER SIGNIFIC	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a.												
CERTIFICATION														
2	190. DATE OF OPE	RATION	196 COND	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?								20 /	AUTOPSY?	1
I II													YES 🗌	NO 🔀
	210. EXTERNAL CA		216. TIME O HOUR A./	OF INJURY M. MONTH	DAY YEA	.R 21c Ho	OW INJURY	Y OCCURRE	D TENTER NATU	RE OF INJURY IN	ITEM 18 PART 1	OR PART 2)		
CA	CONTRIBUTING	CAUSE OF			19									
MEDICAL	WHILE NO	JRRED DT WHILE (=		OF INJURY	LAT HOME,		CATION		CI	TY OR TOWN		COUNTY		STATE
		WORK		1 1							054114			
	220 I certify the	ot I took charg	e of the remains de	scribed ab	ove, held on	Autop	sy .	Inspectia	n 🗶 1	nquiry .	and in m	ny opinian		1917
	death resulted fr	om: Natur	al couses X	Accident	[], s	vicide	, Homi			ned monner		1, 50		
		1					TITLE (S	SPECIFY)						
	ACTUAL SIGNATURE	The C	2nd			M	D. ASS	istan	t_MEDICA	LEXAMINER	D.	GNED 1-2	2-84	
	/	The Case	/											
	(TYPE OR PRINT)	" Anr	M. Dixo	n, M.	D.		ADDRESS_	111 P	enn St	., Bal	to., 1	Md. 2	21201	
23a. E	SURIAL, CREMATION	I, REMOVAL 2		23c.	NAME OF CE	METERY O	RCREMAT	ORY	23d. LOCA			COUNTY	- 51	Arte
	BURIAL		1/7/84	1	Arbuti	us Me	emori			butus	,		Mo	1.
24 F	UNERAL DIRECTOR		ADDRES	S				250. DATE	REC'D. BY RE		REGISTRA	R'S SIGNAT	URE	
	wm C Mar	ch F/	H Inc.	1101	E No:	rth .	Avenu	ie JA	14 4	1984	Jala.	21	Blees	1
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~	1 -	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.
der		CEASED NAME OR FIRST	RACE  S. DATE OF BIRTH  10 DAY  10 DATE OF DEATH MONTH DAY  12 DATE OF DEATH MONTH DAY  13 DATE OF BIRTH  14 DAY  15 DATE OF BIRTH  16 - 1845  17 DAY  18 DAY
he funeral direc within 72 haurs	7a Bi	RTHPLACE LISTATE OR FOREIGN 71 CUNTRY)  TY OR TOWN OF DEATH  1	b CITIZEN OF WHAT COUNTRY?  MARRIED NEVER MARRIED  PALTIMORE CITY OR COUNTY OF DEATH  WIDOWED DIVORCED  DIVORCED  120 USUAL OCCUPATION  (IF NOT IN SYCH FACILITY, GIVE STREET ADDRESS)  (IF NOT IN SYCH FACILITY, GIVE STREET ADDRESS)
oletely filled in by the disconding the filed and be file		AL RESIDENCE IF MURSING HOME OF O TATE 13b COUNT THER'S NAME FIRST MA	of the MAN MODITAL REF. Liptors
rs. Pages		yes All	WAR OR DATES) 219.05-038 LAURA McCZER 1907 W. FOFFICE
signed by the ottending physichen please remove carbonpop to buriol, cremotion, or remove njury, or other troumotic event,	NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost.	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I TO
nsit permit.	CERTIFICATION	190. DATE OF OPERATION  190. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
fter this certifico as the burial-tran h and Mental My irked or Item 18	MEDICAL C	OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)  21d IN JURY OCCURRED  WHILE NOT WHILE AT WORK	(ENTER INSIDE OF INSIDE OF INSIDE OF INSIDE OF INSIDE OF INSIDE OF INSIDE
at DIRECTOR: Ai		220.1 certify that (I) (this haspital saw the deceased alive an above, (I) (we) (did) (did nat). 22b. SIGNATURE	1-6- 10 Std and that in (my) (aur) paining death accurred on the data and how and to the
TO FUNERA should be diwith the Stol	22. 0	22d. PHYSICIAN'S NAME (TYPE ORF	JUCKA LUTHRAN HOSPITAL BALTIMORE
P	L'	URIAL CREMATION, REMOVAL	236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN 256. DATE REC'D. BY REGISTRAR'S SIGNATURE 256. DATE REC'D. BY REGISTRAR'S SIGNATURE
H-16 50M 1/81 VRA 15, 4)	BA	POWN-Thomp	C ADDUSE.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN 2a. DATE 76 HOUR LTYPE OR PRINTS ESTI-DEATH MATED XX Andrew McDonald 10 4 RACE 6. AGE (IN YEARS IF UNDER 1 YR. 5. DATE OF BIRTH IF UNDER 24 HRS 2d. HOUR 3. SEX 2c. DATE MONTH LAST BIRTHDAY) PRONOUNCED 7:17 DEAD 19 84 191 68 YRS TO BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Baltimore City North Carolina LUNG WITH FORM PM 3. RETAIN PAGE PERMIT, PAGES AND 2 SHOULD BE FILED SIENE, DIVISION OF VITAL RECORDS, 201 WALL ID CITY OR TOWN OF DEATH 12a USUAL OCCUPATION (TYPE OF WORK 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 176 KIND OF BUSINESS OR INDUSTRY 500 blk. Baltimore Gold St. - on street aborer Sparrows Pt 136 COUNTY 13d. INSIDE CITY, HMITS? 13e. STREET ADDRESS YES NO T Etting Street 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME GES 1, M PM MIDDLE LAST MIDDLE FIRST LAST FIRST McDonald James Beatrice Mumford 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) 218-10-7776 Thelma Thomas 64609 Lawnpark Road APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c),) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hypertensive & Arteriosclerotic Cardiovascular IMMEDIATE CAUSE REMOV. Conditions, if any, which Disease gove rise to immediate couse (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE US DEPARTMENT OF 11 PRIOR TO BURIA YES [ NO X 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A,M. MONTH DAY YEAR OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY (AT HOME, 21f. LOCATION 21d. INJURY OCCURRED NOT WHILE STREET, FACTORY, FARM, ETC. 1 STREET CITY OF TOWN STATE WHILE COUNTY AT WORK Inspection XX 22e I certify that I took charge of the remains described above, held an Autopsy Inquiry Natural causes V Homicide L Undetermined monner death resulted from: Accident Suicide TITLE (SPECIFY) 1-27-84 FUNERAL Assistant SIGNATURE EXAMINER'S NAME Margarita A. Korell, M.D. Penn Street (TYPE OR PRINT) 0 23d. LOCATION 23g BURIAL CREMATION REMOVAL 23b DATE 234 NAME OF CEMETERY OR CREMATORY Cedar Hill Cemetery GlenBurnie A.A. County Md. BP 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a. DATE REC'D **DHMH - 17** (VR A15 ME (5)) 20M 4/82



- STATE

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



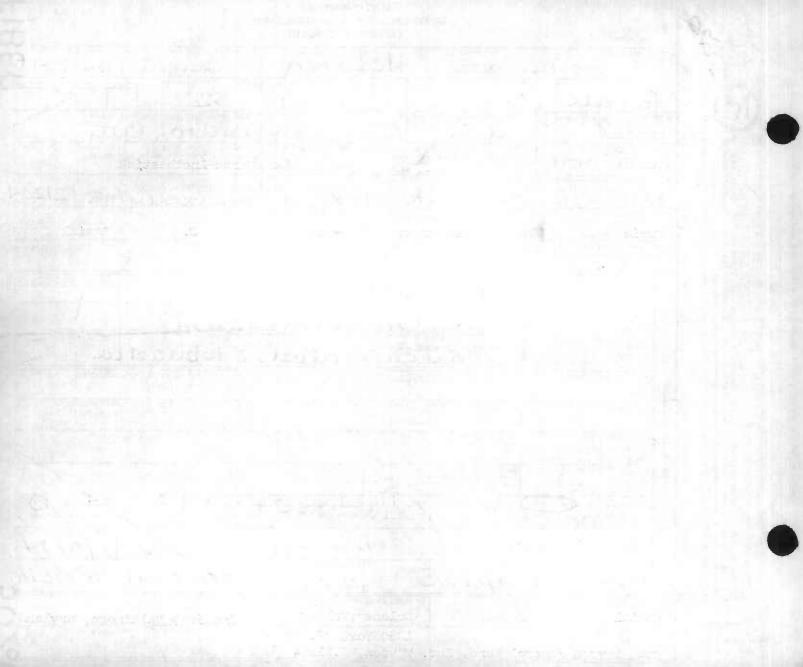
8728 Liberty Road Randallstown MD 21133

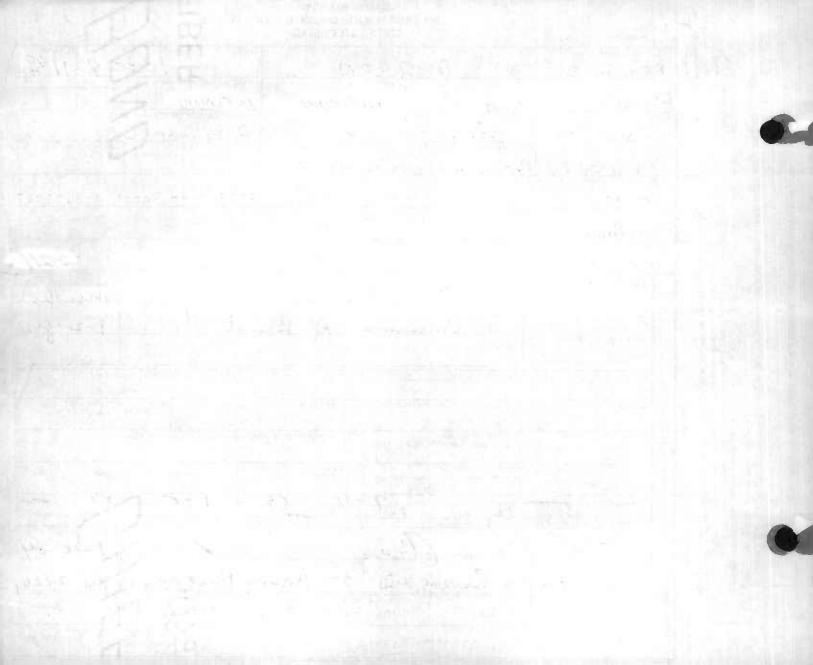
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DHMH - 16 50M 4/83 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TO MONTH 26 HOUR (TYPE OR PRINT) L. DEATH MATED Maxie Meekins 19 84 & AGE (IN YEARS | IF UNDER | YR. 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c. DATE PRONOUNCED 6:03 60_{yrs} Aug. 10, 1923 White Female DEAD 1984 a. M TE CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY) New York U.S.A. WIDOWED X DIVORCED Baltimore City. ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120, USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS UE NOT IN SUCH FACILITY GIVE STREET ADDRESS! Baltimore Good Samaritan Hospital Homemaker ISUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13g STATE Baltimore 13d. INSIDE CITY LIMITS? 113b. COUNTY 13. SIREELADDRESS Ford Road 21214 Maryland YES NO 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST FIRST FIRST MIDDLE Pyle Eva Mae Alvah North 160 WAS DECEASED EVER IN U.S. ARMED FORCES 16h SOCIAL SECURITY NO. 7 INFORMANT **ADDRESS** (YES, NO. OR UNKNOWN) A. Richard North 3905 Marx Ave. 21206 193-18-6810 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Cardiovascular Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) 19n DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [ NOXX. 21g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) WHILE NOT WHILE AT WORK CITY OR TOWN COUNTY STATE Inspection X 22a I certify that I taak charge of the remains described above, held an Autopsy Inquiry and in my apinian death resulted fram Natural causes XX Hamicide . Undetermined manner Accident Assistant 1-21-84 MEDICAL EXAMINER EXAMINER'S NAME Dennis F. Smyth/ M.D. 111 Penn Street 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION Woodlawn Cemetery Baltimore Maryland Jan 23 1984 Burial BP 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE ... **DHMH - 17** Leonard J. Ruck, Inc. Baltimore, Maryland (VR A15 ME (5)) 20M 4/82

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	1-	FOR STATE REGISTRAR			DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8	REG. NO	0	į	2	9	6
		CEASED NAME	FIRST MYRTLE		VIRGINIA		AST HT.	20. DATE O	F DEATH	нтиом	10	YEAR 8LL	26. HOU	9
1	3. SEX			RACE	VIRGINIA	S. DATE C		A AGE UN	YEARS LAST BIRT	HDAY)	IF UNDE		IF UNDER	M
1	3. SEA	FEMALE			ITE	MONTH 9			7.5		MONTHS:	DAYS	HOURS	MIN.
1	7a. 81	RTHPLACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	1			ORE CITY O	R COUNT		ATH		
		aryland		U.S.	A.	WIDOWE	D NEVER MARRIED DIVORCED	Ва	altimo	re C	ity			MD.
1		TY OR TOWN OF DEA	(IF NOT IN SUC	OSPITAL, NURSIN H FACILITY, GIVE STREET Agnes Hos	ADDRESS)	OR OTHER INSTITUTION	TYPE OF WO	occupations for most of emaker	F WORKING		KIND OI USTRY	BUSINE	SSOR	
1	13a S	AL RESIDENCE (F NURS TATE aryland	ING HOME OR O		GIVE RESIDENCE BEFORE  134. CITY OR TOW  Baltimos	/N	13d. INSIDE CITY LIMITS? YES MO		ADDRESS Frede	rick	Ave	nue	212	23
1	14. FA	THER'S NAME Robert	м	DDLE	C1ast eme	ens	15. MOTHER'S MAIDEN NA/	ME	MIDDLE			Emo	ry	
		VAS DECEASED EVER PES, NO OR UNKNOWN) NO		ED FORCES?	16b. SOCIAL SECU		Emily M. Bed	le11	2644			223 k Av	enue	
		Conditions, if ony, gove rise to imm couse (o), stotin underlying couse	which mediate	DUE TO, OI	RAS A CONSEQU	ENCE OF	UNT, CIRRI TENSE ASC			VE				
7	CERTIFICATION	PART 2. OTHER SIGN		19b. CONDITION FOR WHICH OPERATION WAS PERFORMED					20b. IF Y	ES, WERE	FINDIN	IGS USE	TH?	
100			ON INBUTING CAUSE OF DEATH			MONTH DAY YEAR			NO	_		PART 2)	NO L	
	MEDICAL	21d. INJURY OCCURI	URY OCCURRED 210 PLACE			OF INJURY OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)  21f. LOCATION STREET			CITY OR TO	WN	со	UNTY		STATE
		22a.1 certify that (1) sow the decease obove, (1) (we) (c 22b. SIGNATURE	ed alive on	W16.8.304	n 1/10 10 d		nd that in (my) (our) opinion of DEGREE			ote and h		om the		
-		Kausko 22d. PHÝSICIAN'S N.	AME (TYPE OR	PRINT)	Augh	4 4 4	ATTENDING PHYSICIAN [	AGO	PHYSIC		100	[10]	184	3

DHMH - 16 50M 4/82

(VRA 15, 4)

MPORTANT: If Item 21 is

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

230. BURIAL, CREMATION, REMOVAL Burial

23b. DATE 1/13/84

231 NAME OF CEMETERY OR CREMATORY Crestlawn Cemetery

23d. LOCATION
Marrio

250. DATE REC'D BY REGISTRAR 255 REGISTRAR'S SIGNATURE

Rosertte Pulmonery Probetion SH- LEWIS SHIRT, CHERREST LIVER. DITEDLA SINST consum of 1 12/22 23 1/10/84. 12 /21/11 -- -Kaccahaducker to dugte My 1 45 M 2014 2 3M 3A TZ KAUCHALERORAK SINCH 

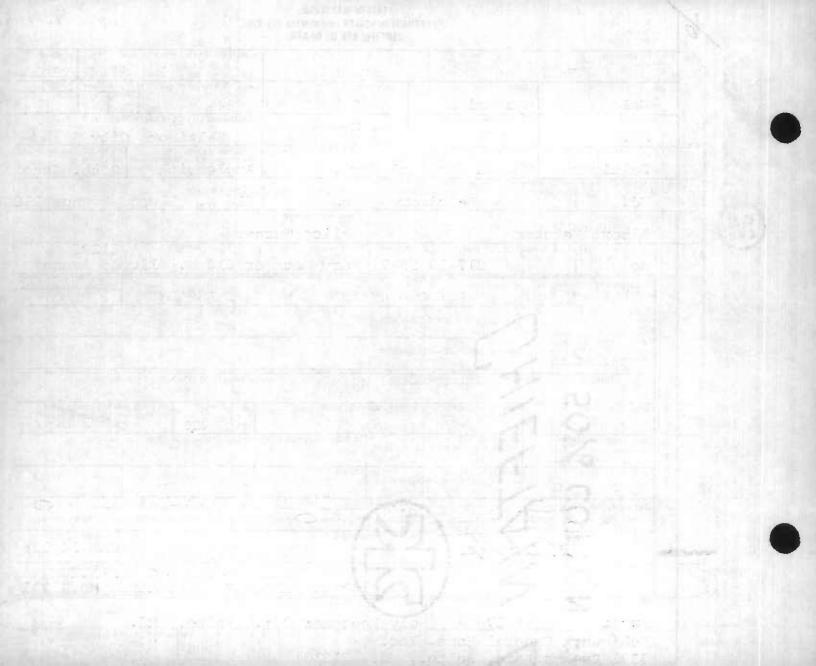
AB)	1-	FOR STATE REGISTRAR			DEPAR		EALTH AND MENICATE OF DEA		ENE 9	REG. NO.	0 1	den.	, ,
		EASED NAME	FIRST		MIDDLE	L	AST		2a. DATE OF D	DEATH MON	TH DAY	YEAR	76 HOUR
9	TIME (	OR PRINT)	Kenn	eth	M.	N	lensinge	er	01/	25/84			2:30P
mo fier of	3 SEX		4.	RACE		S. DATE C	F BIRTH	YEAR	6. AGE INYEA	RS LAST BIRTHDAY	MONTHS	DAYS	IF UNDER 24 HRS HOURS MIN.
4 of	3	ALS		WHIT	72	DOV	1 -	310	73		YRS.	DATS	HOURS MIN.
2 19 6/6	7a BIR	THPLACE (STATE	OR FOREIGN 76	CITIZENOF	WHAT COUNTR	Y2 B	NEVER MAR	20150	9. BALTIMOR	E CITY OR CO		EATH	
£ 35 3//)		SUNTRY)	-	11.5	A.	WIDOWE			Bal	timor	o Cit	. 7	MD.
1 11 170		Y OR TOWN OF	EATH 1	I. NAME OF	HOSPITAL, NUR	SING HOME C	R OTHER INSTITU	TION	12a USUAL O	CCUPATION	126	KINDO	F BUSINESS OR
10 to		altimor					s Hospi	ital	SALS!	S MT	0 0	URR	ows Corp
2 11 25	USUA 13a. S	L RESIDENCE (#N	URSING HOME OR O'	THER INSTITUTION Y	13c. CITY OR TO	ORE ADMISSION)	13d INSIDE CITY	LIMITS2	13e.STREET_AL	ODRESS / ZIF	CODE		
W C BULL	_	RYLAND	BALT	Shorn	Timon	MU		0 2	1.71	SLFAS	TRO	AA	21093
1 10 10/1	14. FA	THER'S NAME	MI	DDLE	LAST		15 MOTHER'S MA	AIDEN NAM	ΛE	MIDDLE		LAS	
THE THE PERSON		DHOL			1205,0	1875 R	MEL	Sani				( Ro	LL
# 2 54 34		AS DECEASED EV		ED FORCES?	166 SOCIAL SE	CURITY NO.	17 INFORMANT			ADDRESS			
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A 5 5 6 6		18 CAUSE OF DE						1	1000	, v		APPROXI	MATE INTERVAL DISET AND DEATH
# 5 4 4 5 F		PART I. DEATH	WAS CAUSED	BY:	Elde	house	haucal	dex	extate	all		DE   WELLOW	NOSCI AND DEATH
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RDS, 2 RDS, 2 Then 1 Per 19 Reinty,	NOI	PART 2 OTHER SI	GNIFICANT CO	NDITIONS <u>C</u>	ontributing t	O DEATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	OR CONDITION	on given in	PART Ito	
3 1117	CERTIFICATION	19a DATE OF OPER	RATION	196. COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORM	ED	200 AUTOF	SY? 200	CERTIFYING	CAUSES	GS USED OF DEATH?
Z 25 25 /	RTB						CONTRACTOR OF THE PARTY OF THE			NO	YES		№ □
		710. ACCIDENT WAS		216. TIME C	OF INJURY .M. MONTH	DAY YEAR	21c HOW INJUR	RY OCCURRI	ED (ENTERNATI	JRE OF INJURY IN	ITEM IS PART I O	R PART 2}	
0 0 5 5 5	Z E	OR CONTRIBUTING			.M.	19							
DIVISION OF VI	MEDICAL	21d INJURY OCCU	JRRED		OF INJURY	r F. D. L. FT. C. L.	211 LOCATION			CITY OR TOWN	C	OUNTY	STATE
	2	WHILE NOT	WHILE O	(ATHOME, SI	REET, PACTORY, OFFIC	E, FARM, ETC.)	311101						
DING or off se as t so of morke	1	22x.1 certify that.	(II (this dospito	ttended th	ne deceased from	January	18	19.84	to Jo	may 2.	5 198	9	hat (I) (we) last
ortol TOR Or o		sow the dece	and alive on	Jan 2	5 19	84, 01	d that in (my) (au	ır) apınian d	eath occurred	on the date a	ind hour and	from the	causes stated
REC All		274 SIGNATURE	(Alid) (did not)	body	after death.		DEGREE				2	2c. DATE :	SIGNED
The part of the pa		16	41111111	Tous	alunu		UD ATTE	NDING	MEDICAL	STAFF			
PITA by by Stot	100	22d. PRYSICIAN'S	NAME (THE ORE	R/-(1)	June		22e ADDRESS	SICIAN DE	DIRECTOR	J PHYSICIAN			
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TO HOSPITAL retained by th TO FUNERAL should be deta with the State IMPORTANT.			TH BAU				1112	10			112	1700	by lur
		URIAL, CREMATIO	n, removal	236 DATE	23	NAME OF C	EMETERY OR CREA	MATORY	23d LOCAT	RIOWN	COU	NIY	STATE
BP	1	SMAI.	20	JANJ	1 1984 1	1822n	1 lount	sm.	IJAL	TimdR	2	0	ARYLAND
DHMH - 16 50M 4/83	1	NERAL DIRECTOR			ADDRES:		0	25a DATE	REC'D. BY RE	1	REGISTRAR'S	SIGNATI	URE
(VRA 15, 4)	ZV	ANSCH	APILOF	CHI.	ES 23		KORO	LIAN	2719	84	· aug	the la	breth

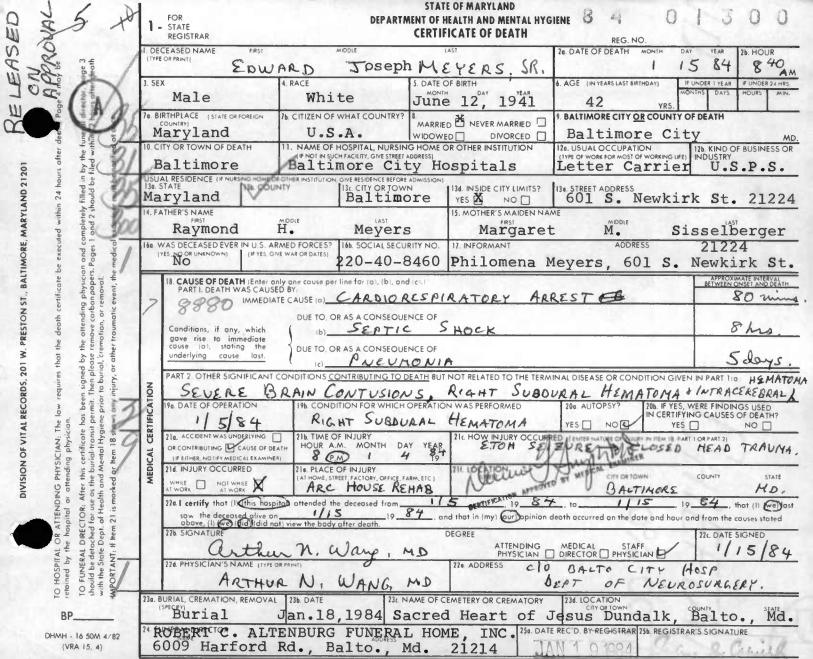
STATE OF MARYLAND

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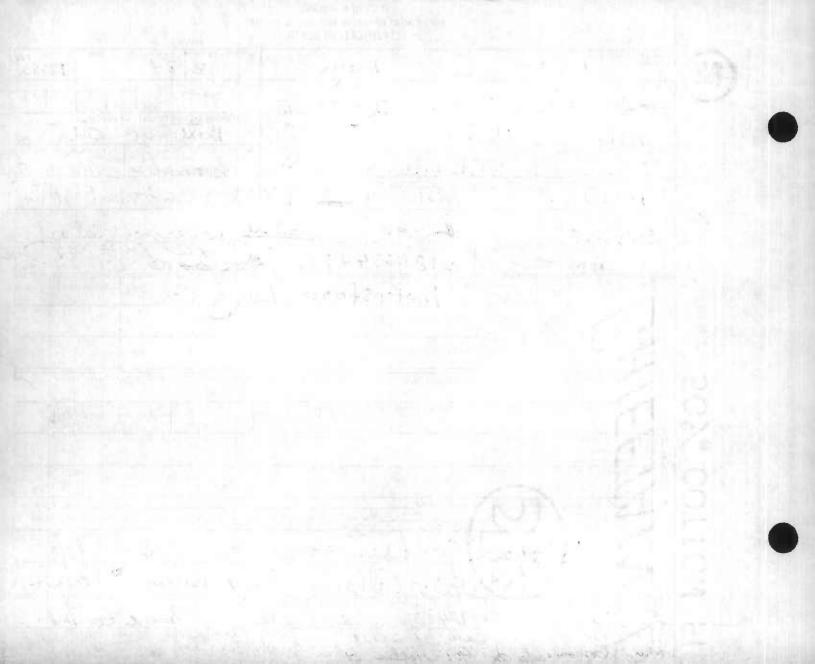
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	1-	FOR STATE REGISTRAR	DE	STATE OF N PARTMENT OF HEALTH CERTIFICAT	AND MENTAL HY	GIENE 8	REG. NO.	0 1	3	0 1
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BALTIMORE cote Er illect open Fagn wal. 17 the medica		45 NO DE UNKNOWN	SELWAR CR DATED 2	1846744	19 Larry	A CALL	To you	522	6 Z	TE INTERVAL
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE IMMEDIA	TE CAUSE (o)	netasti	atec L	ung	Ca		BETWEEN ON	SET AND DEATH
i W. PRESTON ST., hot the death certifi by the ottending pl ase remove carbon p i, cremation, or rem ather troumatic even		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A COL							
DRDS, 201 requires the signed be 1. Then pleas or to buriol, y injury, or a	NOIL	PART 2 OTHER SIGNIFICANT								المر
DIVISION OF VIT AL RECORDS, ING PHYSICIAN: The low requir t otherding physicion. Viter this certificate has been sig os the burol-transit permit. Ther th and Mental Hygiene prior to be orked or frem 18 shows any injur orked or frem 18 shows any injur	CERTIFICATION	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING		WHICH OPERATION WAS	S PERFORMED	YES T	NO	OL IF YES, WERE	CAUSES O	S USED F DEATH?
PHYSICIAN: ending phys this certifica the buriol-froi and Mentol Hy d or item 18	MEDICAL CI	OR CONTRIBUTING CAUSE OF DE LIFE EITHER, NOTIFY MEDICAL EXAMINE	HOUR A.M. MON	TH DAY YEAR	OCATION	TRED TENTERNA				
DING PH or often Afrer this se os the b olth and a	ME	WHILE NOT WHILE 1 AT WORK AT WORK  220.1 certify that (I) (this hasp	(AT HOME, STREET, FACTORY	OFFICE, FARM ETC 1	STREET 19	to	CITY OR TOWN		the	STATE at (I) (we) lost
R ATTENIA hospital IRECTOR: hed for us ept. of He		saw the deceased alive ar		19 and that	in (my) (our) opinion		d on the date	and have and t		uses stoted
O HOSPITAL O etoined by the TO FUNERAL D hould be detoc		THE PHYSICIAN'S NAME IN	shen C	elhoin	PHYSICIAN [ ADDRESS	MEDICAL DIRECTOR	STAFF PHYSICIAL	NA	172	18)
TO HOSPI retained by TO FUNE should be with the S	23o.	BURIAL, CREMATION, REMOVAL	L 23b. DATE	(23) NAME OF CEMETE	ERY OF CHEMATORY	23d. LOCA	TION OR TOWN	emod de	0	GOVEN X
BP	140	UNE AL DIRECTOR	1-52/984	Meadowred		€.	411	REGISTRAR'S	SIGNATUR	ruely

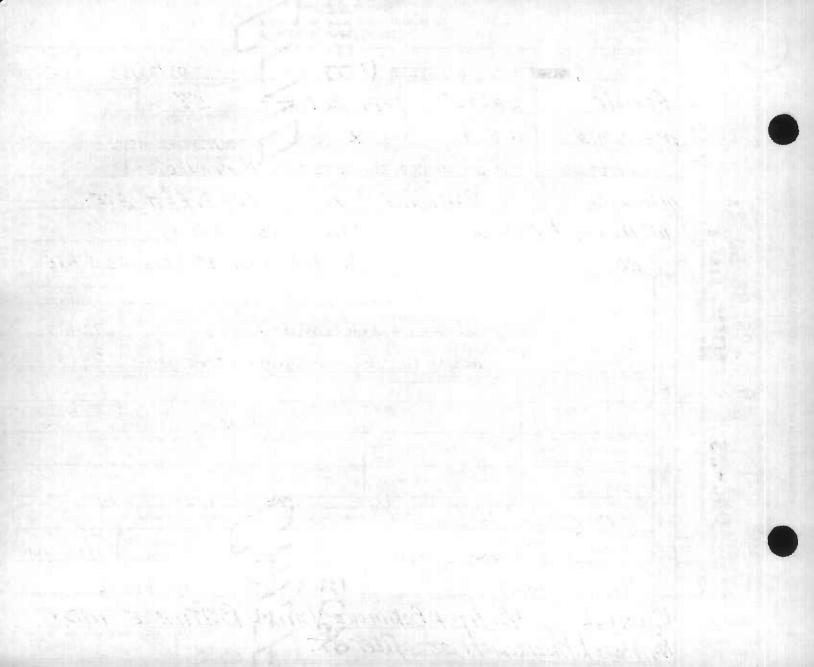


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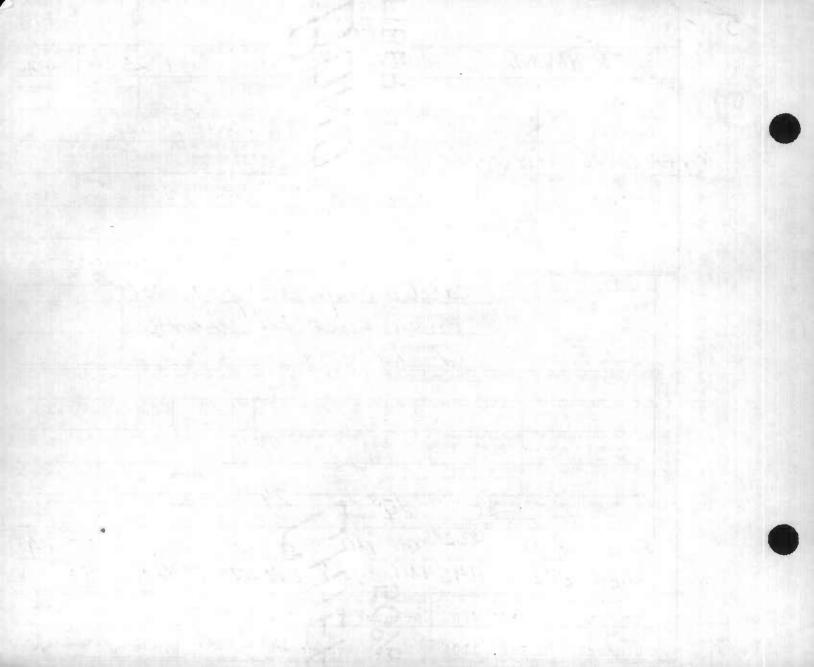
STATE OF MARYLAND

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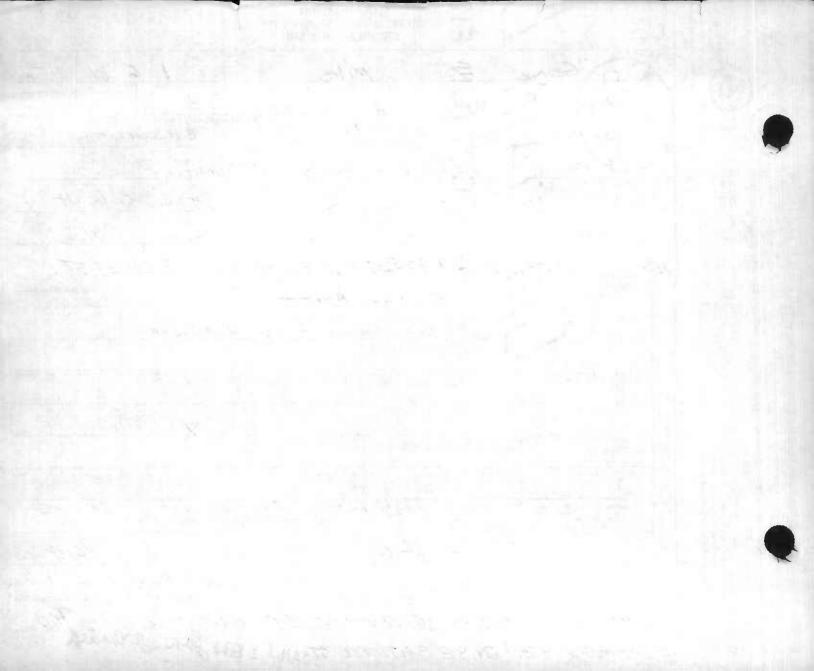
1			STATE OF MARYLAND	0 0	1 2 0 2
1 -	FOR STATE	DEPARTM		GIENE Ö 4 U	1000
			CERTIFICATE OF DEATH	REG. NO.	
		WIDDLE	LAST	20. DATE OF DEATH MONTH	AY YEAR 25 HOUR
					'84 6:12pm
3 SE		4. RACE	S. DATE OF BIRTH		FUNDER TYEAR # UNDER 24 HRS
1	EMPLE	WHITE	FEB. 22 1925	58 YRS.	
7a Bl	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
m	ARHAND	U.S.A.		DAT STRONG OF	MD.
10 C	TY OR TOWN OF DEATH				124 KIND OF BUSINESS OR
1	BALTIMORE			HOMEMAKER	2,221
USU 13a.	AL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE	DMISSION)	13. STREET ADDRESS / ZIP CODE	dod
MA	1RYLAND			509 S. EAST	AVE.
14. E/	THER'S NAME	ALIDONE LAST	15. MOTHER'S MAIDEN NA		IAST
il	Villiam L	ONARD /	WINIFRE	D ADAMS	1931
			ITY NO. 17 INFORMANT	ADDRESS	
,	(IE YES, C	IVE WAR OR DATES!	SUF PERKII	150N 4808 Lbmo	NSON AVE
	18 CAUSE OF DEATH (Enter of	anly ane cause per line far (a), (b), and	(C1,)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY:		ct	5 min
	1489				
	Canditions, if any, which	1 Caralana	. A Asses	4	72 hrs
	gave rise to immediate			<i>1</i>	
	underlying cause last.	1 1 1 1	1 1	real earchance	3405
	PART 2. OTHER SIGNIFICANT			MINAL DISEASE OR CONDITION GIVI	EN IN PART 110
Z	1 6 7 F 6 10 1 3 d				
13	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATION WAS PERFORMED		, WERE FINDINGS USED YING CAUSES OF DEATH?
1					NO X
1.5	The second secon	LIGHT A MA MONITH DAY		RRED (ENTER NATURE OF INJURY IN ITEM 18 P.	ART T OR PART 2)
13	-	CATH			
ă	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION	CITY OF LOWN	COUNTY STATE
2	WHILE NOT WHILE AT WORK	TAT HOME, STREET, FACTORY, OFFICE, FA	RM, ETC.)		
13	220.1 certify that (1) (this has	pital) attended the deceased fram	1/18 1985		1984 , that (1) we) last
1.7	saw the deceased alive a		and that in (my) (aur) apiniar	death accurred an the date and haur	and from the causes stated
1	27h SIGNATURE	O 1 /	DEGREE		22c. DATE SIGNED
	73	Illuna 111	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN OF	1/21/04
1	224 PHYSICIANS NAME (TYPE	OPPRINT)	22e. ADDRESS		14-18
18	ROUGE	KONE	Johns H	nelons Hoon	TAI
23		30.10		238 LOCATION	1.7.6
1/0	PECEYIPIAL	1/26/1084 BA	KIMORE NATION	AL BATTIMORE	COUNTY MD & STATE
24, 8		1.	17 - 0 250. DA	TE REC'D. BY REGISTRAR 256. REGISTI	RAR'S SIGNATURE
16	YMOND L.KAC	UROWSKI 2325	FLEET ST.	N 2 5 1984 56 6	a Cabully
	7a Bi CT USU, MEDICAL CENTRE CAN COLOR COL	1. DECEASED NAME (17PE OR PRINT)  3. SEX  70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  10. CITY OR TOWN OF DEATH  BALTIMORE  USUAL RESIDENCE (IF NURSING HOME OF SIRE)  130. STATE (130. STATE)  14. FATHER'S NAME (198. NO OF DEATH (Enter or PART I. DEATH WAS CAUSE (198. NO OF UNKNOWN)  18. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT  190. DATE OF OPERATION  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IN THE PART I. DEATH WAS CAUSE (a), stoting the underlying cause lost.  PART 2. OTHER SIGNIFICANT  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IN THE PART I. DEATH WORK AT	TALE REGISTRAR  1. DECEASED NAME FIRST MIDDLE  (IMPE OR PRINT)  MARY  A MEYER  3. SEX  4. RAGE  10. CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL, NURSING HOME OR DITTER INSTITUTION OF RESIDENCE SEFORE A DITTER SIGNIFICANT CONDITIONS CONTRIBUTING TO DETERMINE HOME OR DEATH A HOME SIGNEFINANCE HANDER HOME OR DEATH A HOWE HAS DECEASED FOR A HOME OR DEATH A HOME SIGNEFINANCE HANDER HOME OR DEATH A HOME SIGNEFINANCE HANDER HOME OR DEATH A HOME SIGNIFICANT CONDITIONS CONTRIBUTING TO DETERMINE HOME OR DEATH A HOME SIGNEFINANCE HANDER H	DEPARTMENT OF HEALTH AND MENTAL HYB REGISTRAR  1. DECEASED NAME 1. DECEASE	DEPARTMENT OF HEALTH AND MENTAL HYGENE

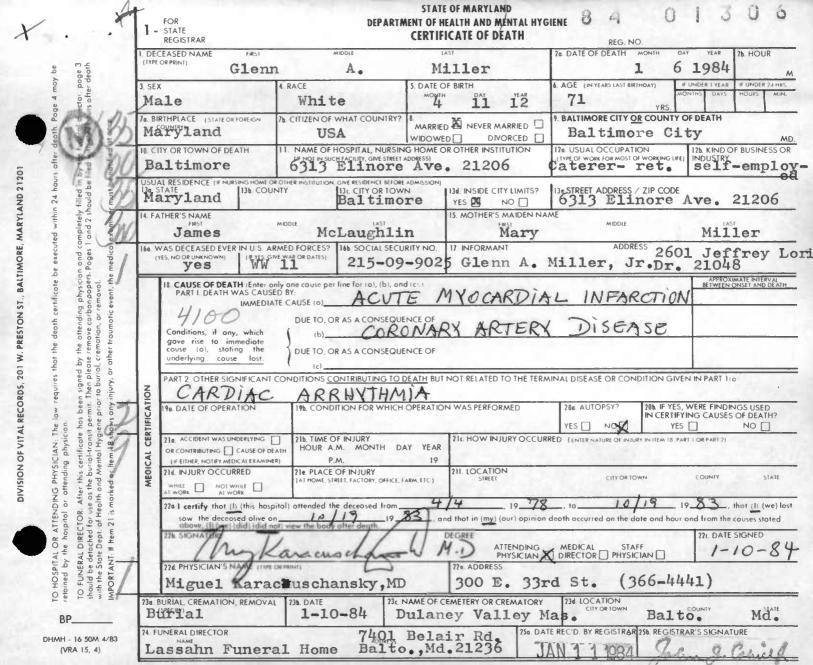


5	1-	FOR STATE REGISTRAR	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 4 0 1 3 0 4  CERTIFICATE OF DEATH  REG. NO.
be oth	(TYPE	1011.	B. MIDDLETON SR. 20. DATE OF DEATH MONTH DAY YEAR 11-45AM
( R )	3. SEX	Male	MONTH DAY YEAR MONTHS DAYS HOURS MIN.
8 8 6		RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? 8.  MARRIED NEVER MARRIED 9. BALTIMORE CITY OF COUNTY OF DEATH
deoil 7	M	aryland	U.S.A.   WIDOWED     Baltimore City, MD.
201 is ofter by the f filed with	BI	TY OR TOWN OF DEATH  ALTIMORE CITY	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION, 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR PROPERTY HOSPITAL BALTIMORE PROPERTY HOSPITAL BALTIMORE
2 phon d in be	13a S	STATE 136 COUN	
MARYLAND ed within 24 mpletely filler and 2 should		aryland	Baltimore YES X NO 1 1509 N. Fulton Ave. 21217
MAR mplet		Bernard	J. Middleton Margaret Ford
		VAS DECEASED EVER IN U.S. AR	
ificote be executioned copysicion and copysicioned copysic		NO	212-03-5155 A Carolyn Brooks 1524 Greendale Road
RDS, 201 W. PRESTON ST., BA equires that the death certificat is signed by the attending physis. Then please remove carban pape to burial, cremation, or remova niury, or other traumatic events.	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying cause lost	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART ITO
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir r offending physicion. Wher this certificate has been sig os the buriol-tronsit permit. Then th and Mental Hygiene prior to be increed.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED  200 AUTOPSY?  200. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO NO
N OF VITA  SICIAN: T ng physici certificate urial-trans.		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DAY YEAR
IVISION O Offending offending ter this cert st the burion hond Ment	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME: STREET, FACTORY, OFFICE, FARM, ETC.)  211 LOCATION STREET CITY OR TOWN COUNTY STATE
Heo R		saw the deceased alive on	of the deceased from 19 19 1, that (I) (we) lost in (my) (our) opinion death occurred on the date and hour and from the causes stated of the body after death.
At OR ATTI the hospit At DIRECTC detoched for ote Dept. of		Sher Afg	AL HEISHMI DEGREE MEDICAL STAFF 1-25-84
O HOSPITAL O eromed by the TO FUNERAL D should be detect with the Stote DD incorporation. If it		SHER AP	2AL HASHMI 2800 LIBERTY HEIGHTS AVE
		BURIAL, CREMATION, REMOVAL	CITY OR TOWN COUNTY MATE
BP	24 FI	BURIAL	1/28/84 Arbutus Mem, Pk, Arbutus, Md.
DHMH - 16 50M 4/83 (VRA 15, 4)	Wn	NAME March F/H	Inc. 1101 E North Avenue JAN 2.7 1984



1. (	FOR  - STATE REGISTRAR  DECEASED NAME FIRST	DEPART	MENT OF HEALTH AND MENTAL HY	GIENES &	to the same
1. (	REGISTRAR			OILIVE O	,
(1	SECEASED NIAME SPET		CERTIFICATE OF DEATH	REG. NO.	
		MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
3.	(Seon	co F.	miles	/	6 84 114
	SEX	1 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24
111	M46	White	MONTH DAY YEAR 19/0	73 YRS	MONTHS DATS HOURS A
13 7a.	BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN	
10	CITY OR TOWN OF DEATH	1,	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	125 KIND OF BUSINESS
201	Beltimore	Wyman	Parte Hom. tul	RYPE OF WORK FOR MOST OF WORKING	G (IFE) INDUSTRY
13	a STATE 136 COL	0 1/	I 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	Most it
72 14	FATHER'S NAME	Balt. Bullin	YES NO I	17 0.	(4)/201.
8/1/	FIRST	MIDDLE	FIRST	WIDDLE	LAST
W	Vonn	Mile	Jhez Jhez	p for	0/ve
160	WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	
E /	185 1929	7-1945 214-30	-5967 MUNPEID +	11165 1951	URLEY ST
ury, ci ci		(c)CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION (	GIVEN IN PART 110
STATION OF THE PARTY OF THE PAR	190 DATE OF OPERATION	19h CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
	DAIL OF GIERATION	The CONDITION TOR WITE	OLEKATION WAS TENTORMED	IN CER	RTIFYING CAUSES OF DEATH
1	21g. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	71, HOW IN HIRV OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	YES NO
	00.00.00.00.00.00.00		AY YEAR	RED (ENTER NATURE OF INJURY IN ITEM	IB PART ( OR PART 2)
MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE		19		
AF OF	216 INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE,	211 LOCATION STREET	CITY OR TOWN	COUNTY
5		pital attended the deceased from_	12/26 19 8:	3 10 1/6	. 19 94, that # (We
2 13	sow the deceased alive o	1/1	0.2/	death accurred on the date and h	
	22b SIGNATURE	wiew the body offer death.	DEGREE		22c DATESIGNED
D D	-n	Alle G. 7	ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN	16/84
		OR PRINT)	1220 ADDRESS		1 1 - 7 9
7	774. PHYSICIAN'S NAME (TYPE		71.		
	1226. PHYSICIAN'S NAME (TYPE W. 11:4	m A. Levine	3/00	Wymun Per	torive B.
7	n.lliq	m A. Levinje,			t brive b
230	BURIAL, CREMATION, REMOVA	in A - Lecinje,	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	county mil
	n.lliq	in A - Lecinje,	NAME OF CEMETERY OR CREMATORY REENMOUNT CEM	23d LOCATION CITY OR TOWN	COUNTY M





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TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and cor should be detached for use as the burial-transit permit. Then please remove corbon/popers-Pages 1 is with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removal.

injury, or other troumotic event, th

morked or Item 18 shaws ony

IMPORTANT: If Hem 21 is

## STATE OF MARYLAND

1.	FOR STATE REGISTRAR		DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.										
1 05	CEASED NAME	FIRST	• AA	NIDDLE	LA	AST /		MONTH DA	YEAR 1	h HOUR			
	BAH,	A20	6 -		Mil	ller	W. DAIL OF BEATT	17	84	11:45			
3 SE	X / 1	4. R	RACE /	) /	5 DATE O		6. AGE IN YEARS LAST BIR			F UNDER 24 HRS			
1	emale	2 6	Whi	10	2 MONTH	24 04	79 30	YRS.		HOURS MIN.			
	IRTHPLACE (STATE OR F	OREIGN 76	CITIZEN OF V	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9 BATTIMORE CITY O	R COUNTY O	FDEATH				
	W. Virgin	in	USA		WIDOWE	V	Baltimon	o Citu		MD.			
10 C	ITY OR TOWN OF DEA		NAME OF H	OSPITAL NURSING		R OTHER INSTITUTION	12a USUAL OCCUPATI		17h KIND OF	BUSINESS OR			
-				H FACILITY, GIVE STREET A		/A 1	(TYPE OF WORK FOR MOST C			00011 1200 011			
3 B	altimore		(ity	Hospital		0./d	House	ife					
139 5	AL RESIDENCE (IF NURSI	13b. COUNTY		GIVE RESIDENCE DEFORE.	1	13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	esmont	Rd.Bal	to.Ml.			
14. F/	ATHER'S NAME					15. MOTHER'S MAIDEN NA			11000				
	Louis	Lee		Howard		Cora	Mae	1	King				
	WAS DECEASED EVER			166 SOCIAL SECUR	RITY NO.	17 INFORMANT	ADDRE	SS					
- (	YES, NO OR UNKNOWN)	(IF YES, GIVE WA	AR OR DATES)	212-36-50	2/1/1	Mas Jeanne W	eben Same a	1 about					
-					077	THICS. Jenfule W	ever, some o	s agov	APPROXIM	ATE INTERVAL			
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	Conditions, if ony,		(b)	- 1	1000								
	couse (a), statin	g the	DUE TO, OR	R AS A CONSEQUE	NCE OF				-				
	underlying couse	lost.	(c)										
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5	THE DATE OF OPERA	1014	170. CONDI	HON TOR WHICH	OI EKATIOI	V WAS FERN ORMED		IN CERTIFY	NG CAUSES C	F DEATH?			
Ē							YES NO	YES		NO 🗌			
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AL	OR CONTRIBUTING		P./		19	1							
EDICAL	21d INJURY OCCURE		21e. PLACE C		- 17	211 LOCATION							
WE	WHILE NOT WH			EET, FACTORY, OFFICE, FA	ARM, ETC )	STREET	CITY OR TO	WN	COUNTY	STATE			
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	226. SIGNATURE		/	A	- (	DEGREE		7.15	22c. DATES	IGNED C			
	11/	XTY	A	W)		ATTENDING -	MEDICAL STA		1/9	184			
1	22d PHYSICIAN'S NA	WE WAS COM		1		PHYSICIAN [	DIRECTOR   PHYSIC	IAN []	1//	10/			
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BP.

retained by the hospital ar attending physician

DHMH - 16 50M 4/82 (VRA 15, 4)

Tylly Funeral Home, 237 E. Patapsco

(SPECIFY) Burial
24 FUNERAL DIRECTOR

230. BURIAL, CREMATION, REMOVAL

Jan. 10, 1984

23b. DATE

23- NAME OF CEMETERY OR CREMATORY Baltimore Nationa

Baltimore,

Maryland

250. DATE REC'D. BY REGISTRAR 256. PESISTRAR'S SIGNATURE

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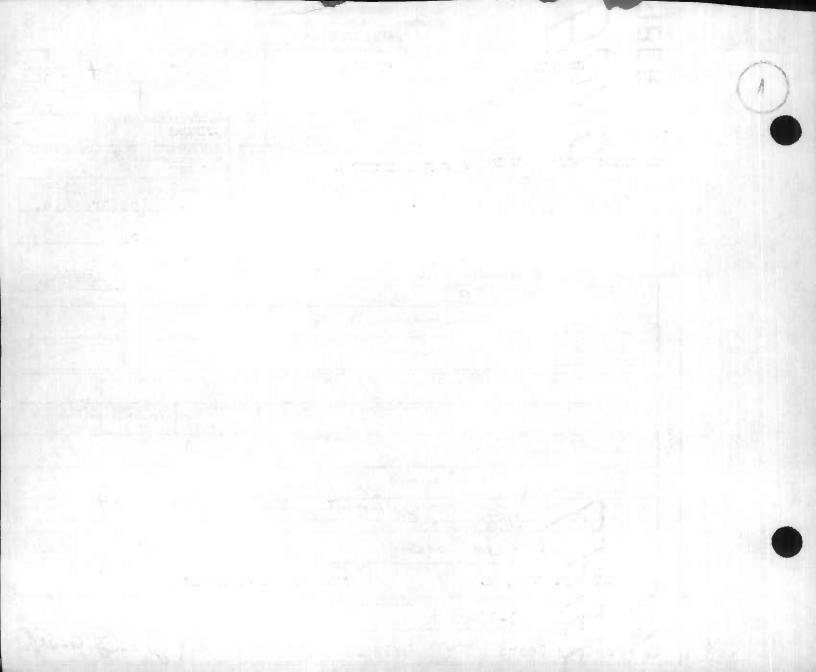
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		CEASED NAME ORPRINT)	FIRST OANNA		DDLE		LIER		20 DATE OF DEA	-		H	HOUR 2:05 A
D /	3. SEX Female		RACE Whit	е	6 AGE (IN YEARS L		MONTHS RS.		UNDER 24 HRS				
French de 177 house	70 BIRTHPLACE ISTATE OR FORE COUNTRY) California			II C			7 2 12  8. MARRIED X NEVER MARRIED WIDOWED DIVORCED		9. BALTIMORE CITY OR COUNTY O			PF DEATH  AII  12b. KIND OF BUSINESS OF	
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n 24 hou Hilled in Moold be	13a. S	Md.	NG HOME OR OTH 13b. COUNTY		Balto	WN	YES 🗌	CITY LIMITS?	13e STREET ADDR		cope elvede		1212 Ave.
p de 100		THER'S NAME PIRST  Duke			Adams		ΙΊ	S MAIDEN NA FIRST S C	MIC		Deyou	LAST	
Poges medica		VAS DECEASED ÉVER I (ES, NO OR UNKNOWN) NO	(IF YES, GIVE W		214-0	1 - 127	17 INFORM  9 Mr		l Miller	DDRESS (Sar			EINTERVAL
in the death	7	Canditions, if ony, gove rise to imm cause (a), stating underlying cause	ediote g the last.	(b) DUE TO, OR	AS A CONSEQ  AS A CONSEO	UENCE OF	NOT RELATE	D TO THE TERM	MINAL DISEASE OR	CONDITION	I GIVEN IN PA	RT Tran	
he low ong	CERTIFICATION	190 DATE OF OPERAT	ION	19b. CONDIT	ION FOR WHIC	CH OPERATIO	N WAS PERFO	DRMED	200 AUTOPSY	_ IN CI	F YES, WERE F ERTIFYING CA YES	USES OF	
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R ATTENDING hospital or in RECTOR, After ted for use on red, of Health, nem 21 is mork		220   certify that (I) saw the decease above, (I) (we) (d) 22b. SIGNATURE	(this hospital	1/14	19	89 .0	3/X3 nd that in (my DEGREE	19	death accurred an	19 the date and			
D HOSPITAL O Glined by the O FUNERAL D Coold be deficial of the State D APORTANT, #1		Brian BRIAN		- Kah AHN, MD	N, M.	0.	22e ADDRE		MEDICAL DIRECTOR P		/ /	1/14/	184,
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DHMH - 16 50M 4/83 (VRA 15, 4)

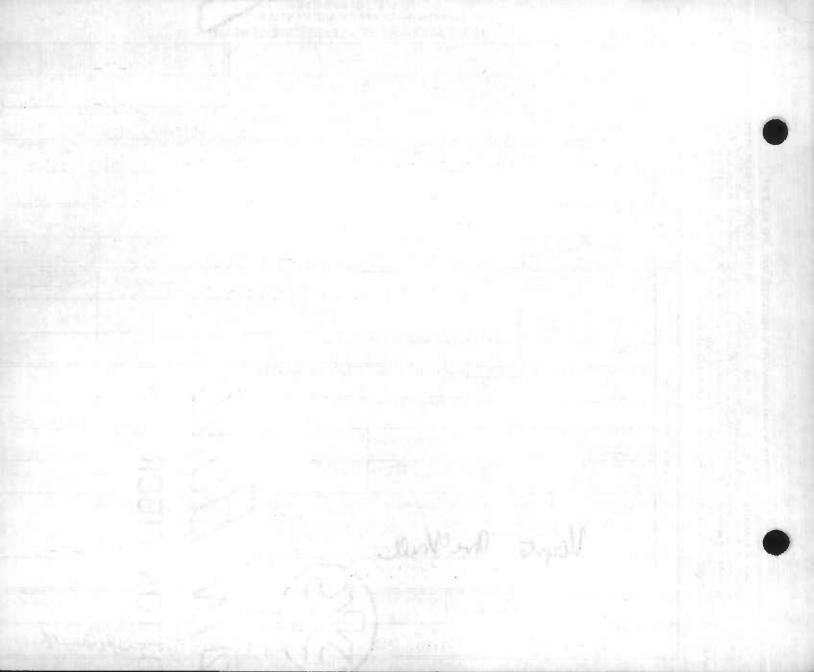
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Balto., Md.

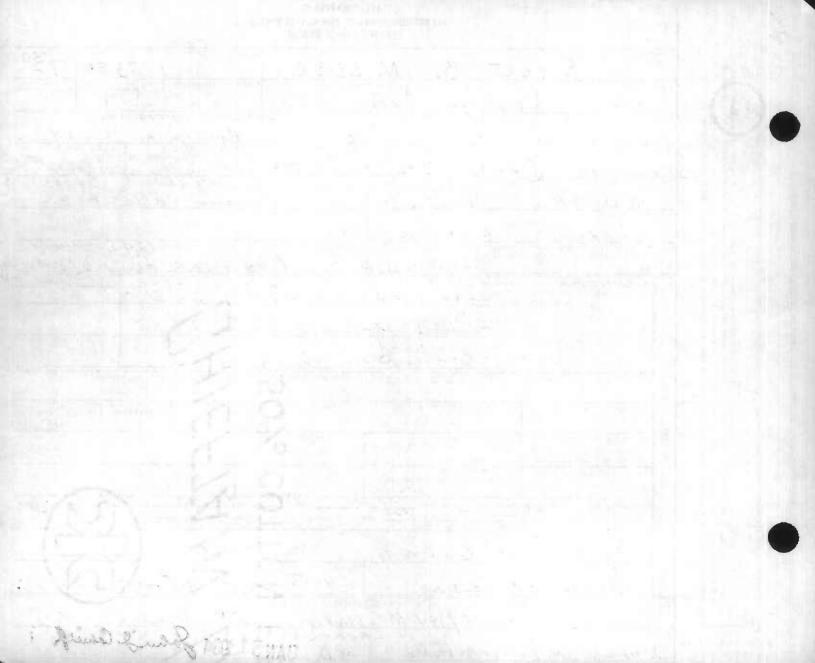
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE KNOWN DECEASED NAME MONTH h HOUR (TYPE OR PRINT) OF ESTI-S RECESSARY, PLEASE FUNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS MILLER DEATH MATED LEROY -13-8419 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED 15 22 **Black** Male DEAD 61 -13-8/119 9.300 76. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR MARRIED NEVER MARRIED Mississippi U.S. WIDOWED [ Baltimore City DIVORCED I CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OH! 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK OR INDUSTRY Decurity Detective Dolphin Street Baltimore 30. STATE 13b. COUNTY 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Balto. Md. 501 Dolphin St. 21217 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST MIDDLE Lonnie Miller Martha Jane Russell 17. INFORMANT 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 301 McMechen St. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) WWI I Yes 428-52-2420 Mr. James Carpenter Balto., Md. 21217 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. AIL, WARDED TO THE CHIEF AS A BURIAL PAGE 3 SHOULD BE USED AS A BURIAL REATH AND MISTATE DEPARTMENT OF HEALTH AND MISTATE DEPARTMENT TO BURIAL, CREMATION PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f. LOCATION NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY AT WORK AT WORK Inspection X NO FUNERAL DIRECTOR: NETER DEATH, WITH THE S 220 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Suicide Hamicide ... Undetermined manner death resulted fram: Natural causes ( Accident TITLE (SPECIFY) SIGNED 1-13-84 Accistant MEDICAL EXAMINER SIGNATURE 111 Penn Street Margarita A. Korell, M.D. EXAMINER'S NAME TYPE OR PRINT) **ADDRESS** 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 1/19/84 Remova 1 BP 24. FUNERAL DIRECTOR 25g, DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE. **DHMH - 17** Balto., Md. Anatomy Board (VR A15 ME (5)) 20M 4/B2



5	FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYO  CERTIFICATE OF DEATH	REG. NO.
a george a	DECEASED NAME FIRST (VIPE OR PRINT)  SEX	RACE S. DATE OF BIRTH MONTH DAY YEAR	20. DATE OF DEATH MONTH DAY YEAR 26. HOURS ON MIN.
11/00	LORTH CAROLINA	. CITIZEN OF WHAT COUNTRY? 8  MARRIED   NEVER MARRIED    WIDOWED   DWORCED    1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  MIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	PRS.  9. BALTIMORE CITY OR COUNTY OF DEATH  BALTIMORE  120. USUAL OCCUPATION  (TYPE OF WORK FOR MOST OF WORKING LIFE)  INDUSTRY  PROP.
25 Miles	13 1	DOLE LAST YES ON NO IS. MOTHER'S MAIDEN NO	130. STREET ADDRESS 20705 S  AME  MIDDLE  MIDDLE  LAST
the executed the second of the	NO	MICLER LUCA ED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NAR OR DATES) 2/30/-/32/A SUE A One course per line for 101, 101, and 101	NN FURB HILL RUBELTSUILLE
equires that the draft certifical is signed by the attended phy. Then please remove carbon pay to buriol, cremation, or emerical injury, or other trainingle evelop.	Conditions, if any, which gave rise to immediate cause to immediate cause to storing the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE  DUITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FEM.	e tedprosser de la cera
ysicion. cote how requi	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO NO
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Q & Q 4 1 3 23	6. BURIAL, CREMATION, REMOVAL	23b. DATE 23c NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OF STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	FUNERAL DIRECTOR  NAME  DONALDSON F		TERECT. BY REGISTED 725 REGISTED REGIST



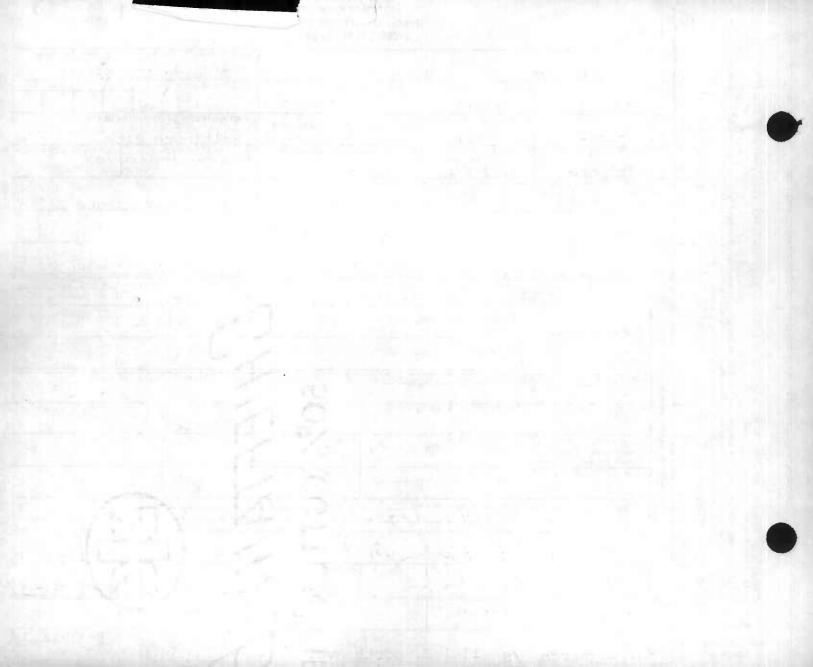
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16	1.	FOR STATE REGISTRAR	DEP	STATE OF MARYLAND PARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE 8 4	0   3   2
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ge ect	3. SE	FEMALE	CAUCASIA.	N S. DATE OF BIRTH  MONTH DAY  YEAR  YEAR	6. AGE, (IN YEARS LAST BII	THOAY)  IF UNDER I YEAR  IF UNDER 24 HRS.  MONTHS DAYS HOURS MIN.
ineral dii 72 ho		RTHPLACE (STATE OR FOREIGN )	b. CITIZEN OF WHAT COUN	MARRIED LEVER MARRIED WIDOWED DIVORCED	BALTIMORE CITY S	OCH CITY ME
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in and co		VAS DECEASED EVER IN U.S. ARA VES NO OR UNKNOWN) (IF YES, GIVE NO	WAR OR DATES)	SECURITY NO. 17 INFORMANT L6-3866 James W.	Mills Sam	e as 13e
is that the death certificed by the attending phyleose remove carbon porrial, cremation, or remor or ather troumatic even		PART I. DEATH WAS CAUSED    MMEDIATE   Management   Manag	DUE TO, OR AS A CONS	SEQUENCE OF with d	issemi naled	wer love right his metatamis
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ryskcian: T ding physici s certificate burial-transi Mental Hygi in Item 18 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOUR A.M. MONTH	H DAY YEAR	CURRED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PART 2)
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R ATTENDITE hospital or IRECTOR: A hed for use ept. of Healthead from the control of the control		220.1 certify that in this hospit sow the deceased alive an above, (I) (we) (did) (did not 22b. SIGNATURE		from 12-12-19-19-19-19-19-19-19-19-19-19-19-19-19-	nion death accurred on the d	19 84, that y (we) los ote and haur and from the couses stated
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TO HOSF retained TO FUNI Should b with the	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREMATO	DRY 23d. LOCATION	70000
BP	1	Burial	1/6/84	Md Vets Cemetery	Crownsvil	
0HMH - 16 50M 4/82		POTES I. Conce	4001 Ritchil	PRESS Hewy Balto Md	DATE REC'D. BY REGISTRAN	25b. RECISTRAR'S SIGNATURE

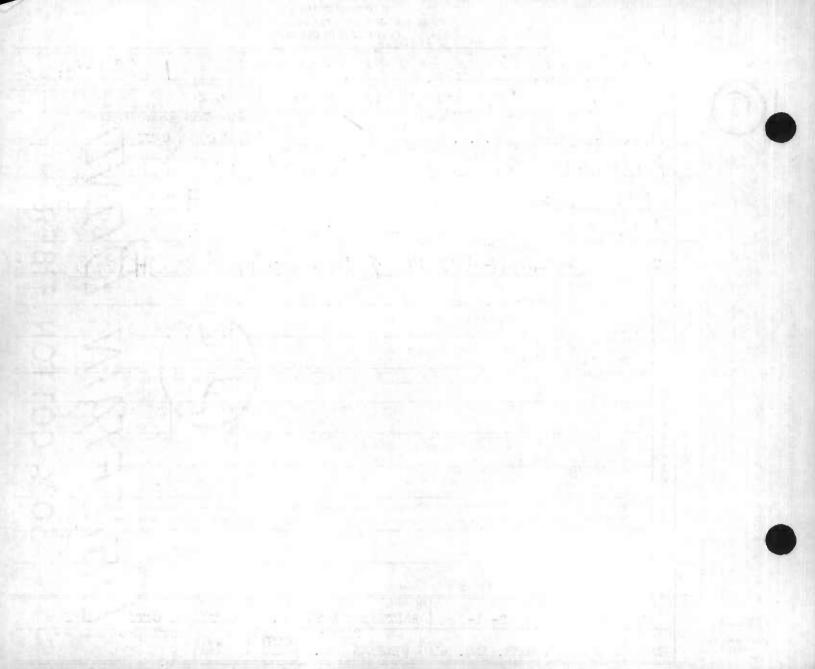
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(VRA 15, 4)

Wm. C. March F/H



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20. DATE OF DEATH MONTH 25 HOUR IF UNDER TYEAT 3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH U.S WIDOWED DIVORCED [ BALTIMORE CITY 12b. KIND OF BUSINESS OR NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY SERVICEMAN AND AIR FORCE OR OTHER TO TEACHER GIVE RESIDENCE BEFORE ADMISSION EDUCATION COUNTY 13e STREET ADD BALTIMORE ARBUTUS 5525 HEATHERWOOD ROAD 21227 15. MOTHER'S MAIDEN NAM MIDDLE MIDDLE G. **ADDRESS** 160 WAS DECEASED EVER IN U.S. ARMED FORCES? WWII, KOR, V-N YES APPROXIMATE INTERVAL BETWEEN ONSET AND DE 18 CAUSE OF DEATH (Enter only one couse per line for (p), (b), and (c). PART I. DEATH WAS CAUSED BY: oni bl IMMEDIATE CAUSE (a PRESTON DUE TO, OR AS A CONSEQUENCE OF CMC Conditions, if ony, which gave rise to immediate cause (a), stating DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a DIVISION OF VITAL RECORDS. CERTIFICATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED IN CERTIFYING CAUSES OF DEATH? NO YES [ NO T 21a. ACCIDENT WAS UNDERLYING 21h. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18. PART 1 OR PART 2) 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 10 211. LOCATION 21d INJURY OCCURRED 21. PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (1) (this hospital) attended the deceased from. sow the deceased alive on_ and that in (my) (our) opinion death occurred on the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after death 22c DATE SIGNED 226. SIGNATURE DEGREE ATTENDING MEDICAL stenes to the senta PHYSICIAN DIRECTOR PHYSICIAN MPORTANT: 22d. PHYSICIAN'S NAME (TYPE OF PRINT) 22ª ADDRESS ld b ROLENDE M. SABUNDANO 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY BURIAL BALTIMORE CITY BALTIMORE NATIONAL 02-01-84 250 DATE REC'D. BY REGISTRAR 25 FEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH-16 30M 2/80 (VRA 15, 4) HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.



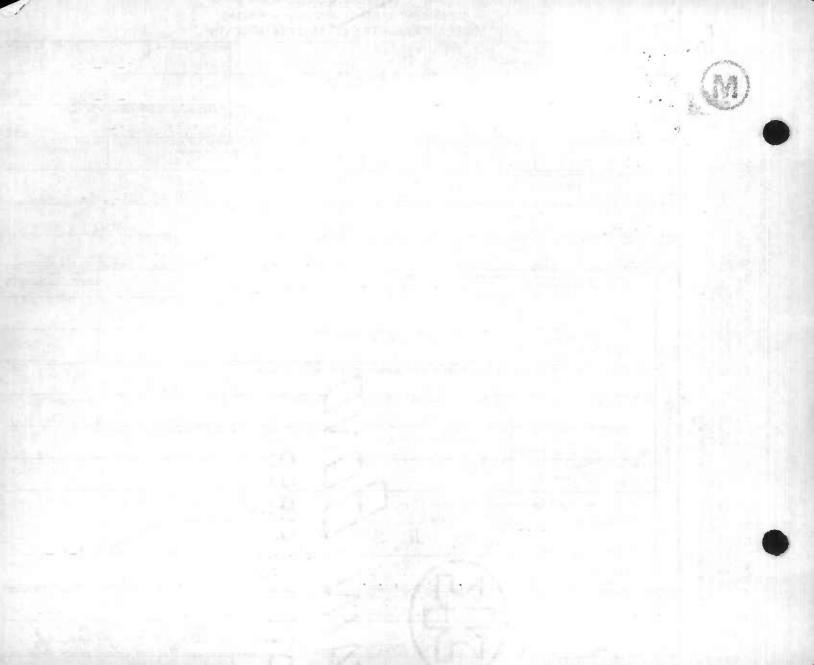
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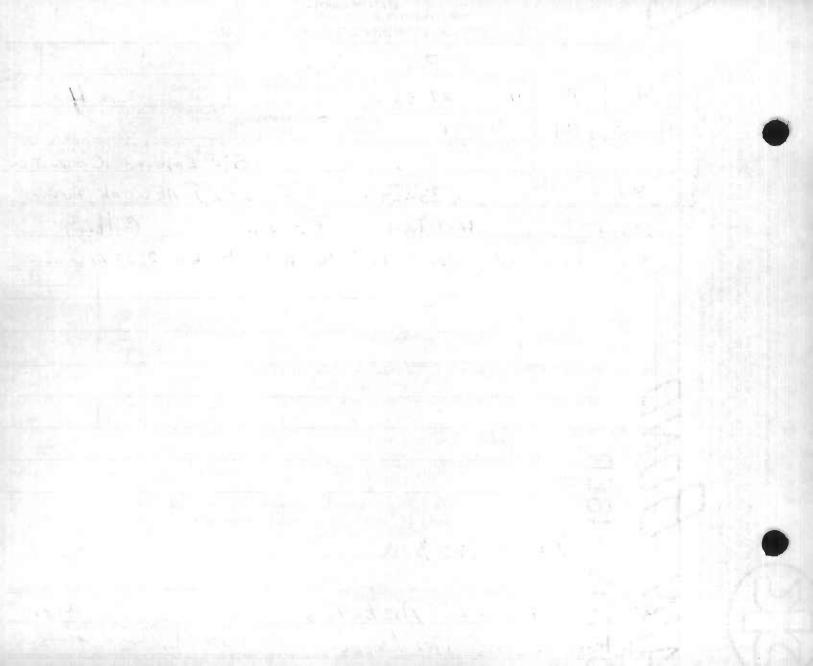
(VRA 15, 4)

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276 I certify that I took charge of the remains described above, held an Autapsy , Inspection 💥 , Inquiry , and in my apinion		death resulte	ed fram: Notur	al couses X,	Accident	, Suici	ide .	Homicide	Undeter	mined manner			
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death resulted fram: Natural couses X. Accident . Suicide . Homicide . Undetermined manner .  ACTUAL SIGNATURE . M.D. ASSISTANT MEDICAL EXAMINER SIGNED 1-14-84  EXAMINER'S NAME (TYPE OR PRINT) . Margarita A. Korell, M.D. ADDRESS. 111 Penn Street			ION, REMOVAL 7		100				CITYO	R TOWN _	COU	INTY N. F.	STATE
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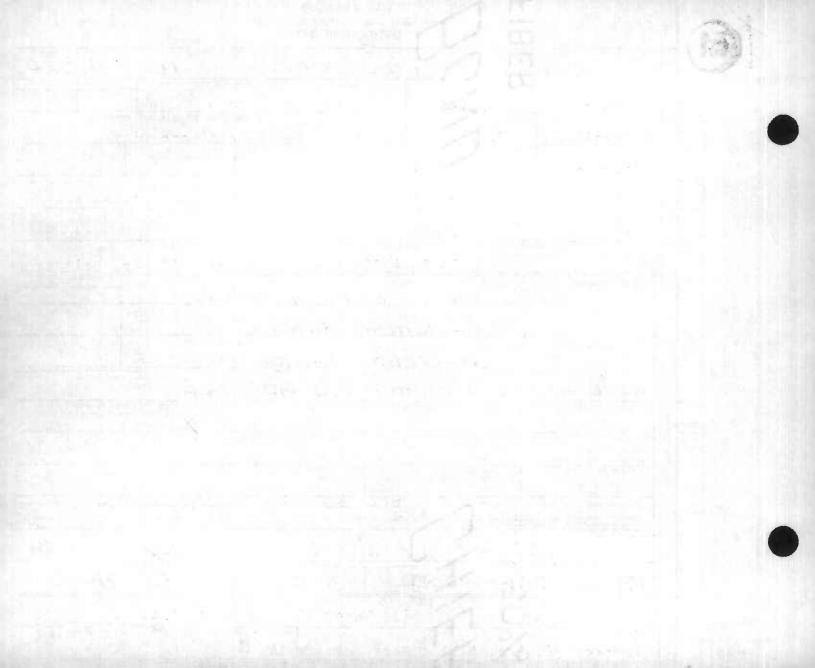


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1	ISTRICT of Col.	4.	5.4.	WIDOW		Dall	ore City	
10.	CITY OR TOWN OF DEATH		SPITAL, NURSING H		ER INSTITUTION	120 USUAL OCCUPATION	IFE)	OR INDUSTRY
100	Baltimore		an Hospita			Self Em	loyed (	DASTRUCTIO
130.	STATE A. 136 COL		13c. CITY OR TOV		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	14	216
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14.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAI	IDEN NAME MIDDLE	N 11	LAST
	JESSE		M. tchel	1	Des	SIE		per I.
160.		IVE WAR OR DATES)	16b. SOCIAL SEC		17 INFORMANT	AC AC	DORESS	2 /
		16-47		7999	Mrs. Aug	drey Milchell	2527 A	TUNAL
	18. CAUSE OF DEATH (Enter PART I DEATH WAS CAUSE	only ane cause per li	ne far (a), (b), and (c)	)		V		APPROXIMATE INTER
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	AT WORK AT WORK							
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-	death resulted fram: No	tural causes X,	Accident ,	Suicide .	, Hamicide	Undetermined manner		
	ACTUAL VA	11 - 1	101/	n	TITLE (SPECIFY)			
1	SIGNATURE	marie	orinu	MM.	o Assista	nt_MEDICAL EXAMINER	DATE SIGNED.	1-14-84
	EXAMINER'S NAME	4						
	(TYPE OR PRINT) Mai	garita A.	Korell, N	TALL/A	ADDRESS 11	1 Penn Street		
230.	BURIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF	CEMETERY OF	RCREMATORY	23d. LOCATION	COUNTY	A STATE
_	Burial	11-20-8	4 /	2041	45	1 DALT		Md.
1	FUNERAL DIRECTOR	ADDRE	55	1	250. DAT		RIGISTRAR'S SIG	Cabreil .
7	as. H. Morton	V SONS	1/01/	AUREN	S	11 1 0 1904	Ja and Oka	30



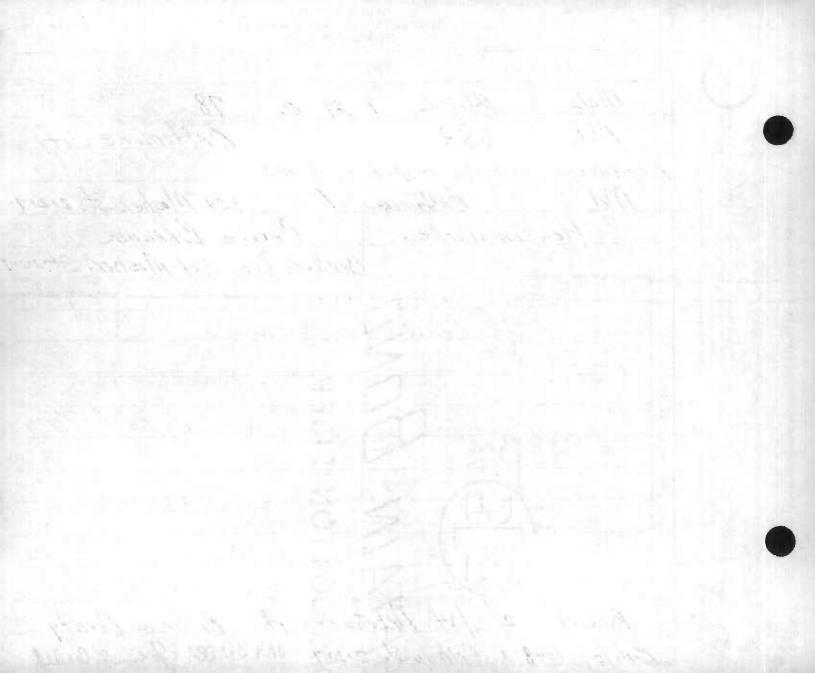
1		STATE OF MARYLAND
<i>-</i>	1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH
		REG. NO.
page 3		CEASED NAME CORPRINT)  20. DATE OF DEATH MONTH DAY TEAR 126. HOUR MONTH
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Bod Page	Je. Bi	IRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 1 PROVED M
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hour d be in d be	13#. S	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)  STATE   136. COUNTY   136. CITY OR TOWN   13d. INSIDE/CITY LIMITS?   138. STREET ADDRESS / ZIP CODE // / / / / / / / / / / / / / / / / /
etely full 2 should nine min	14. FA	ATHER'S NAME FIRST  AND IS MOTHER'S MAIDEN NAME FIRST  MIDDLE  LAST  AND IS MOTHER'S MAIDEN NAME FIRST  MIDDLE  LAST  AND IS MOTHER'S MAIDEN NAME FIRST  MIDDLE  LAST  Z
ond w		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 2/20/
Poges medico		(YES, NO OR LINENOWN)   IF YES, GIVE WAR OR DATES   215-01-5391 m. Bermard Monrol 830 Holling H
cate b nysicio opers. ovol.		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I. DEATH WAS CAUSED BY:
ng ph bong rems		14110 IMMEDIATE CAUSE (0) Cardrace Janeline 100
death of		Conditions, if any, which ( 16) arterior elevative Heart Dispure 4 year
by the of se remany, crematic	h	gave rise to immediate couse lost DUE TO, OR AS A CONSEQUENCE OF
gned by no pleas		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)
requirents	TO	190 DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WERE FINDINGS USED
he law on. hos be t permi	CERTIFICATION	1% DATE OF OPERATION 11%. CONDITION FOR WHICH OPERATION WAS PERFORMED 20% AUTOPSY? 20%. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?  YES NO YES NO
Physics Hitcore of Hyges 18 Hyges		210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH  21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
go by the state of	MEDICAL	(IF ETHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e. PLACE OF INJURY  STREET  CITY OR TOWN  COUNTY  STATE
On and the state of the state o	¥	WHILE NOT WHILE AT WORK AT WORK
A STATE		220.1 certify that (I) (this hospital) attended the deceased from
STATE OF STA		saw the deceased alive on
AL DIRE		John P Which of MO ATTENDING MEDICAL STAFF 1/31/64
HOSPITA FUNERA FUNERA FUNERA FUNERA FORTANT		226 PHYSICIAN'S NAME (TYPE ORPHINT) 226. ADDRESS 1227 WASHINGTON BLUD 21230
0 5 D 4 3 X		BURIAL, CREMATION, REMOVAL 23b. DATE 23 NAME OF CEMETERY OR CREMATORY 23d. LOCATION COUNT (SMC 8Y)
BP		Lund 2-2-1984 how Cathedral Salts
DHMH - 16 50M 4/83	24 F	UNERAL DIRECTOR  Odn Chowan soon In Address Olding St. FEB 02.004 St. REGISTRAY SIGNATURE  ADDRESS OLD ST. FEB 02.004 St. Line St

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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 20 DATE OF DEATH MONTH YEAR 26. HOUR MOORE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED WIDOWED DIVORCED HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 15 MOTHER'S MAIDEN NAM 17 INFORMANT APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH nal Failure. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [ NO [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2). 211 LOCATION STREET CITY OR TOWN COUNTY STATE ____, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING STAFF MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY DHMH - 16 50M 1/81



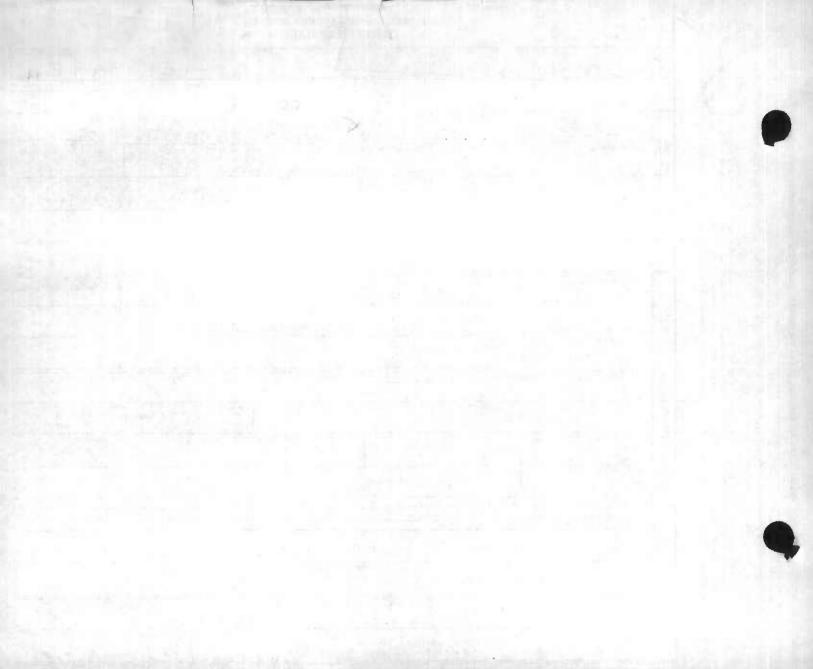
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oy be		EASED NAME FIRST OR PRINT) GENE	Va Moody	Moc Is. DATE O	re	20. DATE OF DEATH A	MONTH DAY YEAR - 31 - 84 HDAY) IF UNDER 1 YEAR	2b. HOUR 6:54 AM R IF UNDER 24 HRS
4	3.50	Female	Negro	MONTH 10	- 17 - 07	76	YRS.	HOURS MIN.
Pod Cr. Pod e	В	RTHPLACE (STATE OR FOREIGN COUNTRY) altimore, Md.	76. CITIZEN OF WHAT COUN	WIDOWE			rone Ci	ty MD.
ts ofter o	16	Bact City	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE So, Ball	STREET ADDRESS)	POSP	12a USUAL OCCUPATIO {TYPE OF WORK FOR MOST OF	WORKING LIFE) 12b. KIND WORKING LIFE) INDUSTRY	1 /
fills to nould be		AL RESIDENCE (IF NURSING NOME OF ITATE 13b. COUN		STOWN	YES NO		zip code evator A	21225
ampletely ond 2 sh		Frank		oody	15. MOTHER'S MAIDEN NAM	MIDDLE		Larret
Poges	16a V	VAS DECEASED EVER IN U.S. AR YES NO OR UNKNOWN) (IF YES, GIV		SECURITY 1 0.	Brenda Ale	xander 65		n Road
frose b hyvicial popert.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	D BY:	1.	rilune		APPRO BETWEEN	OXIMATE INTERVAL N ONSET AND DEATH
eth central production of the contract		5191 IMMEDIA	DUE TO, OR AS A CON	SEQUENCE QE		31.		
the dec		Canditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OR AS A CON		spiratory t	aijure		
res that med by please y, or all	1	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTIN	G TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE OR COND	DITION GIVEN IN PART	lia
The report of th	ATION	Chronic 190 DATE OF OPERATION	heart tailun		ebral URSCH NWAS PERFORMED	lar diseas	206. IF YES, WERE FIND	
A Company	CERTIFICAT	14/84	Trackeo	stony		YES NO	IN CERTIFYING CAUSE YES	NO 🗌
Class 1		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.		H DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART TOR PART?)	
C PHYS phendin the his one Ma ked or )	MEDICAL	WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	WN COUNTY	STATE
PACE AND STATE OF STA	1	22a.l certify that (I) (this hasp	1-31	Calif	d that in (my) (aur) apinian	, to	ite and have and from th	, that (I) (we) last ne causes stated
OR ATT Cheek of Cheek of Cheek of		abave, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body after death.		DEGREE ATTENDING	MEDICAL STAF		TE SIGNED
HOSPITAL Ired by the FUNERAL Add be detto in the State	-	22d. PHYSICIAN'S NAME (TYPE	DR PRINT)	19	PHYSICIAN [ 22e. ADDRESS	DIRECTOR PHYSIC	IAN	31-84
Published A Market A			uervero		300 So. Hand		tinere, Mo	5130
BP	23a.	BURIAL, CREMATION, REMOVAL	23b DATE 2/4/84		EMETERY OR CREMATORY Hill Cem.	Anne Ar	undel°°Co,	M⁵d™.
DHMH - 16 50M 4/83		uneral director m "C" March F/	H Inc 1101	DRET Nort		B 1 1984		shuld

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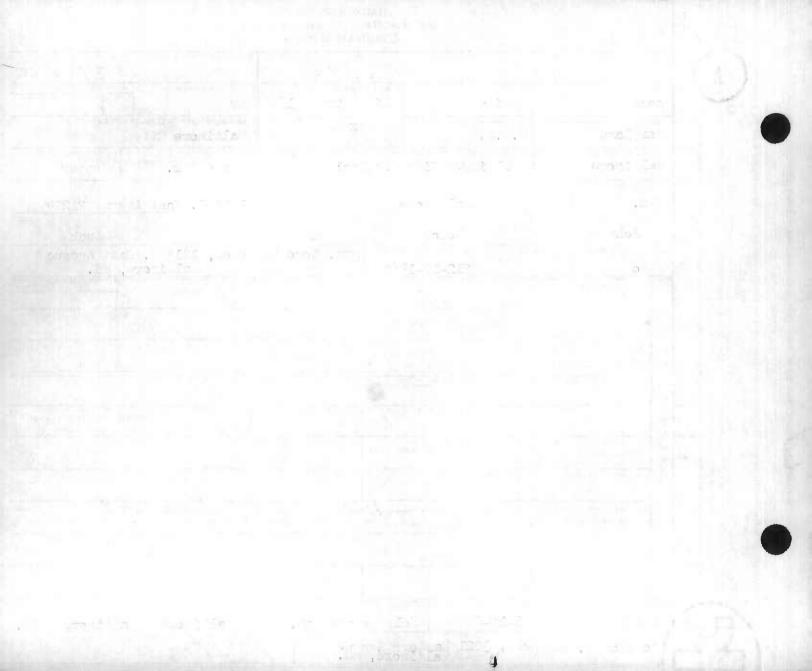
10	1.	FOR STATE REGISTRAR		DEPARTM	ENT OF HEA	F MARYLAN LTH AND ME ATE OF DE	NTAL HYGI	ENE 8	REG. NO.	0	1 3	2 2
		CEASED NAME FIR	ST	WIDDLE	LAST			20. DATE OF	DEATH MONT	H DAY	YEAR	2b. HOUR
ge 3 leoth	(1117	Jesse	E		Moo	re	4.13		1	15	84	12:35 Dor
4 may be tar, page 3 offer death	3. SE	X	4. RACE		5. DATE OF B	BIRTH	YEAR		ARS LAST BIRTHDAY	IF UN	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
100	0	nale	Black		-11	07	19	64		YRS.	7	
C14 1 8/2		RTHPLACE   STATE OR FOREIC		WHAT COUNTRY?	8. MARRIED	NEVER MA	ARRIED -	9. BALTIMO	RE CITY OR CO	UNTY OF I	DEATH	
40 M MO		Virginia	U.S.	. ,	WIDOWED [		ORCED [	Balto		L		MD.
4	B		LUTTINOT IN SUC		address)	md.	UTION	(TYPE OF WORL	CCUPATION FOR MOST OF WOR	KING LIFE) IN	NDUSTRY	AILROAD
The state of the s	13a. :	AL RESIDENCE (IF NURSING H STATE 13b.	OME OR OTHER INSTITUTION COUNTY	13c. CITY OR TOW	RR Y		40 🗌	136. STREET	ADDRESS DUK	eland	st	21216
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Poges	160.	WAS DECEASED EVER IN U	.S. ARMED FORCES? YES. GIVE WAR OR DATES)	166. SOCIAL SECU		INFORMAN			ADDRESS			
. Poge.		YES, NO OR WINKHOWN) (IF	YES, GIVE WAR OR DATES)	213 28	3449	MRS. I	HELEN N	100RE	1425 N	<b>DUK</b>		
certificati ng physicia bonpapers: r remayal.		PART I. DEATH WAS C	nter anly one cause per CAUSED BY: AEDIATE CAUSE (a)	Cardio-	Pulmo	nony	an	rest			BETWEEN C	MATE INTERVAL DINSET AND DEATH
ding or re		2500		R AS A CONSEQUE	NCE OF	0,		,				
death attendi	1	Canditions, if any, wh	ich ( (b)_	n	140 Ca	Ma/	Int	on CHT	M			
in the death ce d by the attendina lease remove carb iial, cremation, or a or ather traumatic	1			r as a conseque	DIONE	tus.	Men	lifud				
equires the signed Then ple to burio injury, or	NO	PART 2. OTHER SIGNIFIC	CANT CONDITIONS C	- 1	CEATH BUT NO	T RELATED TO	O THE TERMI	NAL DISEAS	ORCONDITIO	N GIVEN II	N PART Ito	p.
n. n	CERTIFICATION	190. DATE OF OPERATION	196. COND	ITION FOR WHICH		WAS PERFOR	MED	200 AUTO	NO DE 20b	. IF YES, WE CERTIFYING YES	G CAUSES	OF DEATH?
SICIAN: The physicial certificate into-transitiental History	GR	21a. ACCIDENT WAS UNDERLY		OF INJURY	AY YEAR 2	Ic HOW INJU	JRY OCCURR	ED (ENTERNA	TURE OF INJURY IN I	TEM 18 PART 1	OR PART 2}	
g ph g ph iniol-iniol-initol	₹ N	OR CONTRIBUTING CAUSE	O DEATH	м.	19							
O HOSPITAL OR ATTENDING PHYSICIAN: The etained by the hospital or attending physician TO FUNERAL DIRECTOR: After this certificate hishould be detached for use as the buriol-transit pwith the State Dept. of Health and Mental Husting MPORTANT: If them 21 is marked 00 feet 18.	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, F		II. LOCATION	1		CITY OR TOWN	4-45	COUNTY	STATE
ATTENDING sspitol or oth ECTOR: After of for use ost of Health of m 21 is market		220.1 certify that (1) (this	haspital) attended th	ne deseased from_	15	Jan	1984	, to	15'	. 19_	17.4	that (I) (we) last
R ATTEN hospital RECTOR ned for u		sow the deceased a	live an	> / 19	and t	that in (my) (c	our) apinian o	de as H	d an the date a	nd haur and	d fram the	causes stated
O HOSPITAL OR ATTEN etained by the hospital TO FUNERAL DIRECTOR, should be detached for u with the State Dept. of H MAPORTANT, if them 21 is		22b. SIGNATURE	A Do	rother	DE	GREE C	TENDING TYSICIAN	MEDICAL	STAFF PHYSICIAN		22c. DATE	SIGNED'
HOSPITAL ined by the FUNERAL wild be deficient to the Stote CORTANE.	P	22d. PHYSICIAN'S NAME		10	2	2. ADDRESS			PHISICIAN	70	1.	to ph
TO HOSPIT retained by TO FUNER should be with the Sit			Poroshe	V		Cl	Ma	5077	MON	1100		
5 5 5 4 3 3	23a.	BURIAL, CREMATION, REM			NAME OF CEN			23d. LOCA	ORTOWN	, co	UNTY	STATE
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DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	LEWIS T. G	WYNN 4517	PARK	GHTS A	VENUE	25a. DATE	REC'D. BY R	EGISTRAR 25b.	Jahr.	- 4	chield

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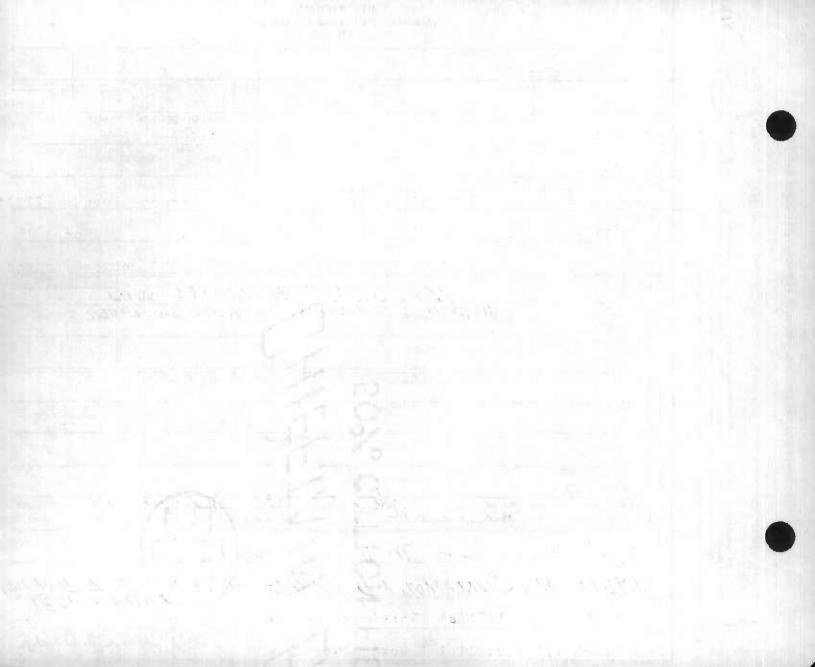
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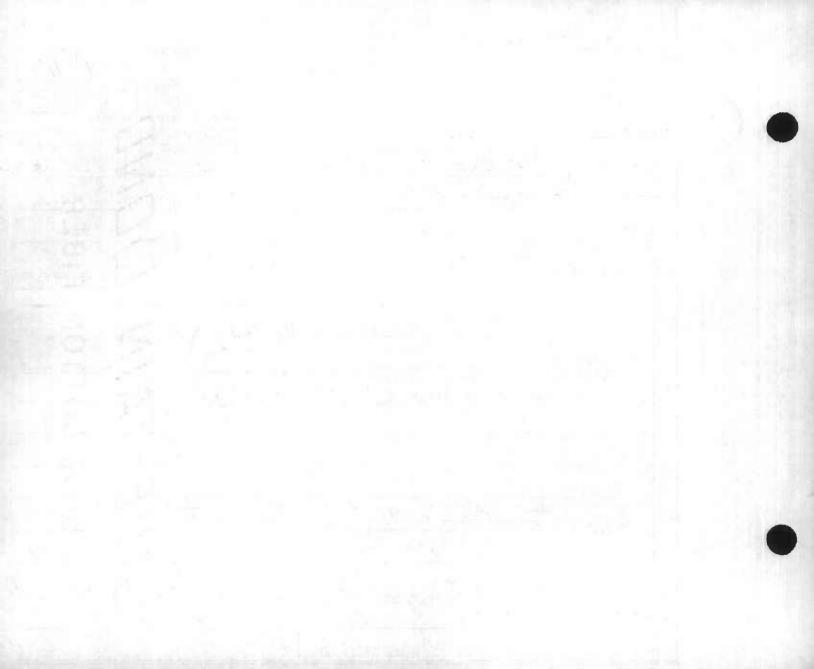
-1	Maryland  Maryland  Maryland  10. CITY OR TOWN OF DE.  Baltimore  Baltimore  USUAL RESIDENCE (IF NUR.  STATE  Md.  14. FATHER'S NAME FIRST  John  15. CAUSE OF DEAT  YES, NOOR UNKNOWN)  NO  18. CAUSE OF DEAT  PART I. DEATH W  Conditions, if only gove rise to immouse (I), stoffi underlying couse (I), wold (I), wold (II), wold (II), wold (III), wold (III)	STATE	DEPA		ICATE OF DEATH	REG. NO.	0102	. 4
			MIDDLE	mi	ROZ	20. DATE OF DEATH MONTH	13 84 7	OUR AN
REGISTRAR  I. DECEASED NAME (ITYPE OR PRINT)  3. SEX Male  76. BIRTHPLACE (STAIL MALY) MALY land  10. CITY OR TOWN OF Baltimore  11. FATHER'S NAME  12. STATE  13. STATE  14. FATHER'S NAME  15. STATE  16. WAS DECEASED E (YES, NO OR UNKNOWN  NO  18. CAUSE OF D  PART I. DEAT  Conditions, if gove rise to couse (or), so underlying currently or underlying counderlying counderl		4.RACE White	S. DATE C		6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UND MONTHS DAYS HOURS YRS.	DER 24 HRS	
D'ouce		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNT $U.S.A$ .	RY? 8. MARRIE WIDOWI	D NEVER MARRIED DIVORCED	Baltimore City or Co	UNTY OF DEATH	MD
botified (			Baltimore Ci	RSING HOME	OR OTHER INSTITUTION	USUAL OCCUPATION  (The of work for most of work  Crane Opr.	(ING LIFE) 12b. KIND OF BUSING LIFE) Copper	
and so		AL RESIDENCE (IF NURSING HOME OR STATE 13b. COUN	OTHER INSTITUTION, GIVE RESIDENCE BUTY 134. CITY OR TO Baltim		13d. INSIDE CITY LIMITS? YES X NO	13. STREET ADDRESS 1015 S. East	Avenue 2122	+
200	14. F/		MIDDLE Moroz		15. MOTHER'S MAIDEN NA FIRST Mary	WIDDIE	Cwek	
medical		VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN)   1 IF YES, GIV NO	MED FORCES? 166. SOCIAL S (E WAR OR DATES) 212-10		Mrs. Morothy	Moroz, 1015 S Baltim	East Avenue ore, Md.	
njury, or ather traum	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT C	DUE TO, OR AS A CONSE	OGEN OUENCE OF . NULLA	C Shock I INFANCH: NOT RELATED TO THE TERM	in sepsis	N GIVEN IN PART 110	
ows ony	TIFICATI	190 DATE OF OPERATION	196. CONDITION FOR WH	IICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 20b.	IF YES, WERE FINDINGS US CERTIFYING CAUSES OF DE, YES NO	ATH
18 18 34		21a. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR		RED (ENTER NATURE OF INJURY IN ITE	M 18 PART 1 OR PART 2)	ex_
	MED		210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	ICE, FARM ETC )	ZII. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
tem 21 is m			1111110	· 84,0	nd that in (my) (our) apinion DEGREE	4, to	d hour and fram the causes:	
ORTANT: H		774. PHYSICIAN'S NAME (TYPE)	PONE - SNE		ATTENDING PHYSICIAN [	MEDICAL STAFF DIRECTOR PHYSICIAN		
IW Odwa	23a. 8 B1	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY OSary Cem.	23d. LOCATION CITY OR TOWN	COUNTY	STATE
A 4/82	20.00	uneral director Leholas T. Matth				Baltimore TE REC D. BY REGISTRAR 256. RI JAN 1 9 1984	Baltimore ESISTRAR'S SIGNATURE	Md.



(VRA 15, 4)



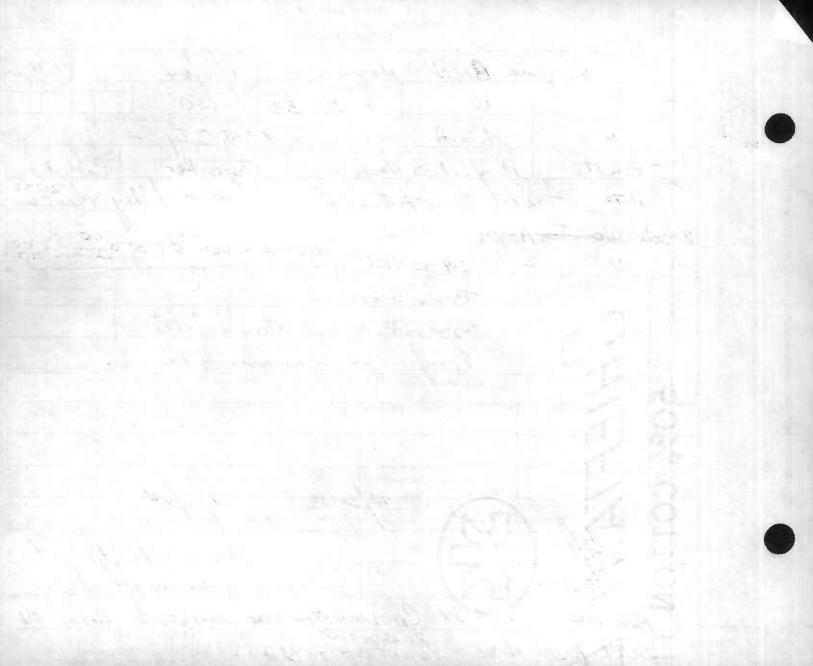
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le 4 may	I- STATE REGISTRAR MERVIN  I. DECEASED NAME (TYPE OR PRINT)  3. SEX  Ale  Ia. BIRTHPLACE (STATE OR FOREIGN COUNTRY) VIRGINIA  IB CITY OR TOWN OF DEATH Baltimore  USUAL RESIDENCE (IF NURSING HOME OR 130. STATE Maryland  14. FATHER'S NAME FIRST  Eugene  16a. WAS DECEASED EVER IN U.S. AR NO  18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT  Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.  PART 2. OTHER SIGNIFICANT OF CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED  WHIE OF OPERATION  21d. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA TWORK NOT WHILE AT WORK NOT WHILE 22c. I certify that (I) (this hospin saw the deceased alive an,	4 RACE	White	S. DATE O	DAY YEAR	6. AGE (IN YEARS LAST 8	6 MC	FUNDER I YEAR	IF UNDER 24 HR	
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signe signe hen plo to bur ijury, d	z	PART 2. OTHER SIGNIFIC	1 2	CONTRIBUTING TO	DEATH BUT		. // . (	1.		1
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or offens Affer the e os the l olth and marked o	Z	WHILE NOT WHILE THE AT WORK	] [ATHOME.	STREET, FACTORY, OFFICE	E, FARM, ETC )	SIREET	CHYORK	, wid	COUNT	STATE
NDIN I or I or Use ouse teolti		22a.l certify that (I) (this	hospital) attended	the deceased from		1/21 19 8	4, 10	Z5 15	84.1	hat (I) (we) la
Porton CTOR: for us of He		saw the deceased ali abave (Mywe) (did) (did)	ve an	dy after death.	84 00	d that in (my) (aur) apinia	n death occurred an the c	late and hour c	and from the c	auses stated
he hosp boched for Dept. of It them 2		22b. SIGNATURE	0.	> les		DEGREE			22c. DATE S	SIGNED
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of of shoot	23a. B	URIAL, CREMATION, REMO		1230	NAME OF C	EMETERY OR CREMATORY	123d LOCATION	1	1 10	4110)
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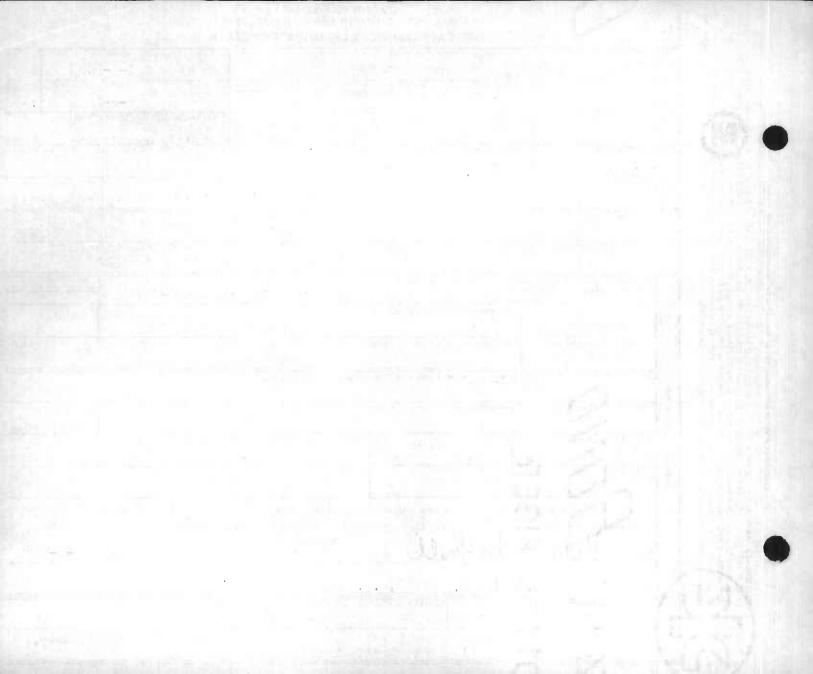


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	No. 12E		CEASED NAME E OR PRINT)	connie		MIDDLE		М	ORSE		24	OF DEATH A	ESTI-			YEAR 1984	2b. HOUR
7	Y PLES	3 SEX	ale	4. RACE Black	5. DATE OF BIRTH	YEAR	6. AGE (IN YEAL LAST BIRTHD)	AY) MONT	IDER 1 YR.	HOURS 2		DATE RONOUNC DEAD	ED	монтн	DAY	VEAR 1984	8:25 PM
-	建建分	70. BI	RTHPLACE (51 REIGN COUNTRY)	ATÉ OR	75. CITIZEN OF WH	AT COUN		8. MARR	IED   NEVI		D	BALTIMO	_				I PM
	DELAY IS IN PAGE 5. NO THE FLICT OF 20 V V		Ito. M TY OR TOWN ( Baltim		11. NAME OF HOSP (IF NOT IN SUCH FACE METCY HOS	ILITY, GIVE S	TREET ADDRESS)	WIDOW , OR OTH		DIVORCE	12a. USUA	Baltii NLOCCUPA OST OF WORKIN	TION (TYPE		12b. KIN OR	ND OF BUSTR	SINESS EY
21201	ANN	USU/ 13a S	L RESIDENCE	(IF IN NURSING HOME	OR OTHER INSTITUTION, GIVE	13c CITY			13d. INSIDE CITY	Y LIMITS?		T ADDRESS		ion l	RIV	216	
RE, MD.	PM 3.	14. E	ATHER'S NAME		MIDDLE		LAST		15. MOTHER			MIDI			yiot		
BALTIMORE, MD.	JRS AFTER DEATH, IF 8. GIVE PAGES 1, 2, A WITH FORM PM 3. T. PAGES I AND 2 SH DIVISION OF VICE	16a, V (Y	VAS DECEASEI	DEVER IN U.S. AR	RMED FORCES? E WAR OR DATES)	16b. SO	CIAL SECURIT	Y NO.	ii.inform. Linda		se 3	3026	ADDRESS		n B	lvd.	
201 W. PRESTON ST., E	ITHIN 24 HOU CIL IN ITEM 19 VER ALONG ANSIT PERMIT AL HYGIENE, REMOVAL.		PARTIDE 95. Condition gave ris	ATH WAS CAUSE  IMMEDIA  as, if any, which to immediate stoting the under	DUE TO, OR A	Hang: AS A COM	ing NSEQUENCE								BETW	PPROXIMATE WEEN ONSET	INTERVAL I AND DEATH
RECORDS,	LD BE EXECUTED W. PENDING". IN PENDING MEDICAL EXAMIN D AS A BURIAL-TR HEALTH AND MENT CREMATION, OR	NOI	PART 2 OTNER SIG	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELA	ATED TO THE TERM	INAL OISEAS	E OR CONDITION	GIVEN IN PART	T l (a).						
	WORD "PE WORD "PE E CHIEF N BE USED A SNI OF HEA	IIFICAT	19a, DATE OF	OPERATION	19h CONDITI	ION FOR	WHICH OPER	ATION W	'AS PERFORM	AED?						VES	NO 🔯
DIVISION OF VITAL	THIS CERTIFICATE SHOULD BE E. E. WRITING THE WORD "PENDIN WARDED TO THE CHIEF MEDIC PAGE 3 SHOULD BE USED AS A 71301 PRIOR TO BURIAL, CREM	MEDICAL CERTIFICATION	HNDERLYING	NG CAUSE OF	DEATH 1:10P.M.	1-20	(AT HOME,	1 Su	bject		ed se	lf.					
S S	VER: THIS CI COTE, WRITI FORWARDE OR: PAGE 3 HE STATE D IND, 21201	W	WHILE AT WORK	AT WORK	ge of the remains desc	ildi	ng			ity J	ail,	Balto	0.	coi	DUNTY		Md.
•	TO MEDICAL EXAMINER: T EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR; B AETER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2		deoth resulte			Accident		icide X	,	de .	Undeter	mined mon	ner ,			-26-8	4
	TO MEDI EXECUTE PAGE 4 S TO FUNE AFTER DE BALTIMO		EXAMINER'S (TYPE OR PRIN	Ann Ann	M. Dixon,				NOOKE33			St., 1	Balto	., Mo	d.	2120	1
	BP	(	BURIA	ON, REMOVAL	1/28/84	l,	_	JBURI	V CEM			TIMO					ATE
	DHMH - 17 (VR A15 ME (5)) 20M 4/82	24	ROY 0	. DYETT	4600ADDEST	BERT	TY HEI	GHT	s Ave	JAN	1 3 0	1984	25h. REGIS	STRAR'S S	2 G	JRE Much	R:

Signer ben det en de la companya de la c

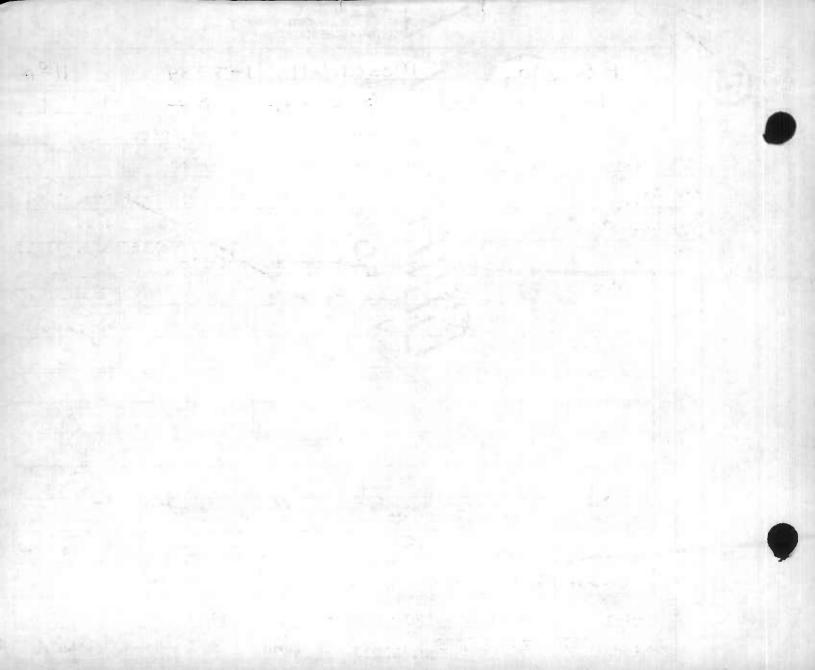
_	1/			STATE OF MAKTLAND	E' 5	P1	8 - 1	. (10
2	1.	FOR STATE	DEPART	MENT OF HEALTH AND MEN CERTIFICATE OF DEA		4 0	1 0	2 3
^	1 05	REGISTRAR CEASED NAME / FIRST	MIDDLE	LAST	The DATE OF	REG. NO.	AT YEAR 176 H	OUR
p + 1		OR PRINT)	ria RIEN	HORSE	1,7,	lou		100
page deat	3. SE	100	4 RACE	5. DATE OF BIRTH	S. AGU (NY	SO LAST SETHOATS	FUNDER I YEAR OF UN	p.m
to som		F "	W	MONTH DAY	TEAR /	50 YRS.	DATHS DATE HOU	EL MIN.
	70. BI	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED LI NEVER MAR	RIED 1	RE CITY OR COUNTY	OF DEATH	
	10.0	TY OR TOWN OF DEATH	M. OF HOSPITAL, NURSI	WIDOWED DIVOR		OCCUPATION -	NA KIND OF BUS	MD.
B 8	-	BAT.	I FACILITY, GIVE STREET	Hook -	110025	e or working the		Line
ا رق ه	USU.	AL RESIDENCE (IF NURSING ID)	SIVE RESIDENCE BEFOR		LIMITS? ALL STREET	DORESS / /	12	1136
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00	I4. EA	THER'S NAME	MIDDLE I LAST.	15. MOTHER'S MA	AIDEN NAME	MEDDLE 6	LAST	1
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borio by, or	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTE TO	DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE	OR CONDITION GIVE	IN PART 11a	
prior to	CERTIFICATION	19a DATE OF OPERATION	10h CONDITION FOR WHICH	OPERATION WAS PERFORM	ED 200 AUTO	PSY? 20h IF YES	WERE FINDINGS L	ISED
ene pr	SE	THE DATE OF OPERATION	The condition for which	TOTERATION WAS TEN ORM	YES 🗆	NO YES	ING CAUSES OF D	EATH?
5 5 5	ERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		Y OCCURRED (ENTER NA			,
them 18		OR CONTRIBUTING CAUSE OF DE	AIR	AY YEAR				
7	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	211 LOCATION		-conference	COUNTY	STATE
rked	Z	al work Al work	AT HOME, STREET, FACTORY, OFFICE	FARM, ETC.)		1. 1.1		
eolth mo		Z2a.1 certify that (1) (the hosp	ital) anyighed the decembed from	12/30/93	19, ta	116/94	9, that (	I) (we) last
of H 21 is		saw the deceased live as above (I   wet   defined to	of year the bydy after death.	and that in (my) (au	r) apinian death accura	d on the date and haur	and from the cause	s stated
Dept.		22k SIGNATUS	1//	DEGREE	-	/	TIL DATE SIGN	60
deton ote D		-ttt		PHY	NDING MEDICAL	STAFF  PHYSICIAN	1/16/8	4
should be deter with the State [		774 PHYSICIAN S NAME (119)	EAVAIL	22e ADDRESS			///	
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, , s	230. 1	SPENEY)	1-19-84 (234)	JAME OF CEMETERY OR CRE	MATORY 23d. LOCA	ORTOWN _ '//	couy	STATE
		BURIAL	1-17-01	LESTLANUN /101	n, con Ma	ra. odsolle	· HOURS	114
OM 4/82	24. F	INERAL DIRECTOR	about ADERES	COX ZES	V- 1001 4 77	EGISTRAR 256 REGISTR	AR'S SIGNATURE	:.1
5, 4)	-	DULK TURGOS	HOME BUIL	USTI CITY ZIO	NSJAN I	1004	and a close	wh





STATE OF MARYLAND

16.FilmG587 1/84 kam



MEMORIAL FUNERALS HOME, Pikesville MADRA

FOR

- STATE

REGISTRAR

24 FUNERAL DIRECTOR

DHMH - 16 50M 4/83 (VRA 15, 4) STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

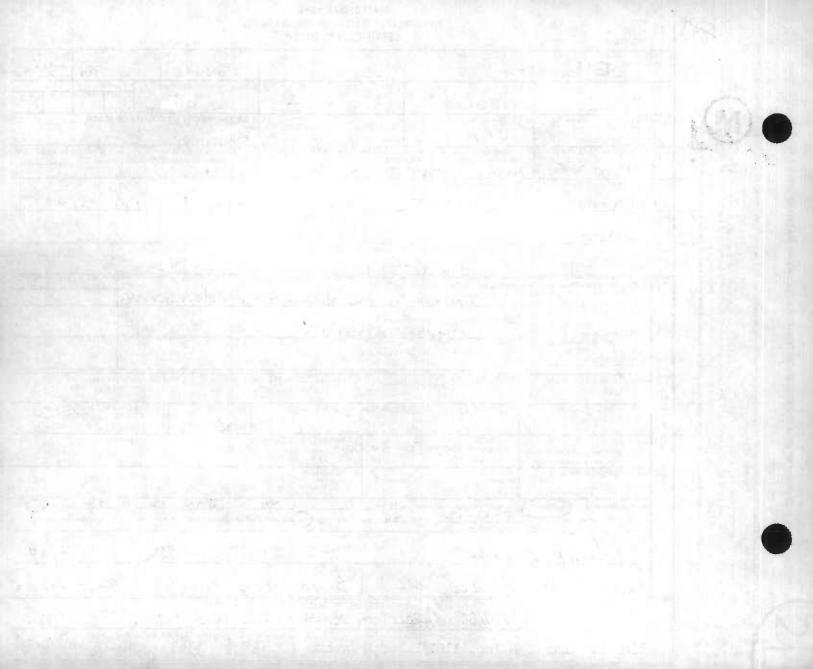
1100 Reistenstowned dar 256, REGISTRAR'S SIGNATURE

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Willfam C. March F/H Inc. 1107 E North Avenue

DHMH - 16 50M 4/B2

(VRA 15, 4)



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4/1-	FOR					AND MENTAL		0	V 3	3
Ί.	REGISTRAR		MED		NER'S	CERTIFICATE	OF DEATH	REG. NO.		
	PE OR PRINT)	FIRST		WIDDLE		LAST	20. DATE KNO OF ES	HINOM WAY	DAY YEAR	2b. HOU
		Arthur	P			Mudge	DEATH MA	TED □ 1-2	20 1984	1110
1. SE	X 4 R		S. DATE OF BIRTH	YEAR LAST BIRT	YEARS IF UN	DER 1 YR. IF UNDE	R 24 HRS 2c. DATE	MONTH	DAY YEAR	10:
1	M	W	4/28/20	63	YRS.	HS DAYS HOURS	MIN PRONOUNCED DEAD	1-2	20 1984	p.
la B	OREIGN COUNTRY)		Th CITIZEN OF WHA	T COUNTRY?	8. MARR	IED X NEVER MAR	9 BALTIMORE	CITY OR COUNT		
	MD		US	SA	WIDOW	_		timore Ci	itv.	A
10. C	ITY OR TOWN OF	EATH	11 NAME OF HOSP	ITAL, NURSING HO	ME, OR OTH	ER INSTITUTION	12a USUAL OCCUPATION	ON (TYPE OF WORK	12b. KIND OF BU OR INDUST	ISINESS
1	Baltimore			aryland Av			Purchasi			
	AL RESIDENCE (IF IN	HUS COUNTY	OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMIT	SION)	1124 INCIDE CITY LIMITES	13e. STREET ADDRESS		terials	
150.	MD	- CO0141		Baltim		YES X NO [				218
14. F	ATHER'S NAME		WIDDLE	LAST		15 MOTHER'S MAIL			LAST	
1	Art	hur	P.	Mud	ge	Hele		Har	ward	
160	WAS DECEASED EV		ED FORCES?	166. SOCIAL SECUR		17. INFORMANT	AC	DDRESS		
	Yes	WW		215 16 7	867	Mrs. A	Arthur P. A	Audae.	Sam	e
	18 CAUSE OF DE	ATH (Enter anly	one couse per line f						APPROXIMATI BETWEEN ONSE	E INTERVAL
100	PARTIDEATH	WAS CAUSED	AI	teriosclei	cotic	Cardiovaso	cular Disease	>	BETWEEN ONSE	I AND DEA
100	1429	2		S A CONSEQUENC	E OF					
		f any, which a immediate	(b)							
	cause (a) stat	ing the under-	<	S A CONSEQUENC	E OF					
	lying cause lo	IST.	(c)							
	PART 2 OTHER SIGNIFIC	ANT CONDITIONS CO		T NOT RELATED TO THE TE	RMINAL DISEAS	E DR CONDITION GIVEN IN I	ART 1 is			
NO.			Can	cinoma of	Lung	ſ				
CERTIFICATION	190. DATE OF OPE	RATION	195 CONDITIO	ON FOR WHICH OP	ERATION W	AS PERFORMED?			20 AUTOPSY	?
曹			5444						YES 🗌	NO DO
	UNDERLYING	OR	11b. TIME OF I	NJURY MONTH DAY YE	AR 21c H	OW INJURY OCCURR	ED (ENTER NATURE OF INJURY IN	ITEM 18 PART 1 OR PAR	RT 2)	11
18	CONTRIBUTING	CAUSE OF DE		19						
MEDICAL	21d. INJURY OCC		210 PLACE OF	INJURY (AT HOME,		CATION	CITY OR TOWN	COU	INTY	STATE
-	AT WORK	WORK								
	220 I certify th	ot I took charge	of the remains descr	ibedabove, held an	Autop	sy . Inspecti	an . Inquiry XX	and in my api	inion	
	death resulted for	0	1000	Aident .	vicide	. Hamicide	Undetermined manner			
	1	00	M	( 4	200	TITLE (SPECIFY)		\		
11	ACTUAL SIGNATURE	eller	us I	nug n/	VIII		T_MEDICAL EXAMINER	DATE	1-21-	-84
X		45		//				SIGNE		
	(TYPE OR PRINT)	Der Der	nnis F. Sr	nyth. M.D.		ADDRESS	lll Penn Stre	et		1
23a.E	BURIAL, CREMATION	REMOVAL 23	DATE	23c. NAME OF C	EMETERY O	R CREMATORY	23d. LOCATION	COUN	ITY ST	ATE
	Cremati		1/23/84	Green	Mou		Balto.,		MD	
24. F	UNERAL DIRECTOR	Henry \	N. Jenki	ns & Son	s Co	25e. DATE	REC'D. BY REGISTRAR 75	REGISTRAR'S SI	GNATURE -	and a second
45	905 York	Road	Balto	MD 212	12	J	AN 4 3 1984	John	of Calu	ug

The section of the se remark cased seems to him the Hann W. Jarins & Bons Co. The York had been shown from

DHMH - 16 50M 1/B1 (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 2a. DATE OF DEATH 26 HOUR (TYPE OR PRINT) JOHN. 109:4 E. MULLER, SR. I. SEX 4. RACE 5 DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 23 OT Male White 82 BIRTHPLACE ISLATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Baltimore City U.S.A. Maryland WIDOWED I CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 USUAL OCCUPATION 126. KIND OF BUSINESS OR INDUSTRY F L St. Agnes Hospital of work for most of working life)

Machinist Baltimore Anderson & Co. SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13c. CITY OR TOWN 13e STREET ADDRESS 13d INSIDE CITY LIMITS? Maryland Baltimore 2455 Washington Blvd. YESX 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AN IDDLE Michael Muller MIDDLE Teves Dora 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 165 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR UNKNOWN) THE YES, GIVE WAR OR DATEST 215-09-2478 John E. Muller, Jr. 304 John Ave. 21090 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Canditions, if ony, which gove rise to immediate couse (o), stoting underlying couse BRMINAL DISEASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOV YES [ NO F 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART ) OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION (AT HOME STREET, FACTORY OFFICE FARM, ETC.) STREET CITY OR TOWN NOT WHILE 27a.1 certify that this haspital) attended the deceased from. and that in (my) (our) apinion death accurred an the date and hour and from the causes stated 27b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL 1-20-84 PHYSICIAN DIRECTOR PHYSICIAN 22d PHYSICIAN'S NAME (TYPE OF PRINTI ST. AGNES HOSPITAL, BAITIMORE MD 21229 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) Baltimore Buria1 1/24/84 Loudon Park Cemetery Maryland 24 FUNERAL DIRECTOR B BY REGISTRAR 256 REGISTRAR'S SIGN'ATURE

Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

Kames e TA a contract the design of the do. culture averages at 1 years and a mace (felely)

DHMH - 16 50M 1/B1 (VRA 15, 4)

FOR = STATE REGISTRAR

Burial

24 FUNERAL DIRECTOR

1/20/84

Leonard J. Ruck, Inc., B-altimore, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2h HOUR

Baltimore, Maryland

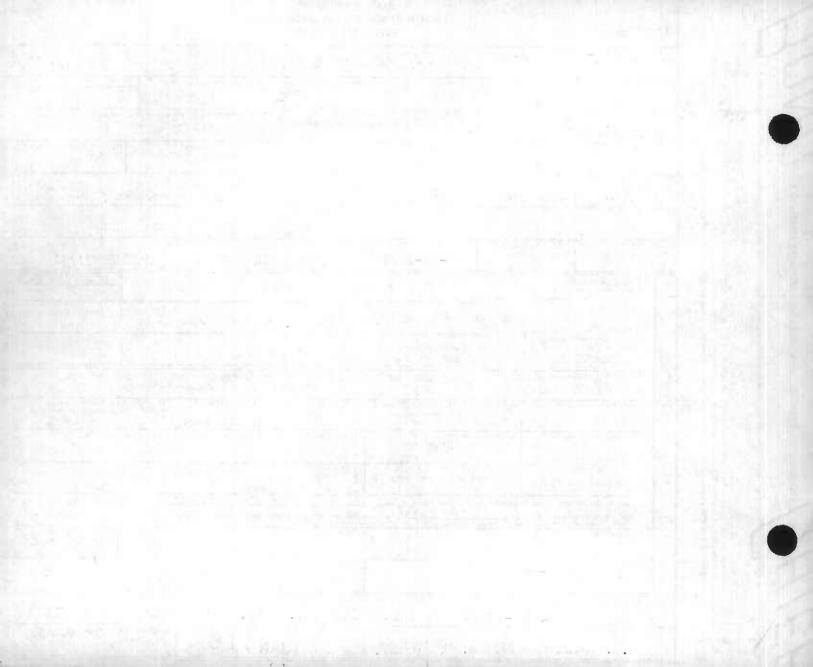
	SEDNAME	FIRST	- 1	MIDDLE		LAST	2a DATE C	OF DEATH A	HTMON	DAY	YEAR	2b HO	UR
(TYPE OR P	PINT DOK	COTH	/ 1	F. ML	LRAN	USKI	Jan	uary 1	6, 1	984		140	D M
1.5EX		4	RACE			OF BIRTH	6 AGE (IN	YEARS LAST BIRTH	HDAY)	IF UNDER			ER 24 HRS
F	emale		Whit	e	Sept	5, 1915 EAR	68		YRS	MONTHS	DAYS	HOURS	MIN.
	PLACE (STATE OR	OREIGN 71	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIM	ORE CITY OF	COUNT	Y OF DE	ATH		
Mar	yland		U.S	.A.	WIDOW			altimo	re C	ity			MD.
	OR TOWN OF DEA	ATH 1	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET MOTE CITY	ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WO	COCCUPATION OF THE STATE OF SA	WORKING	LIFE) IND		F BUSIN	VESS OR
	timore ESIDENCE HE NURS	ING HOME OR O		GIVE RESIDENCE BEFORE		orcar	Reca	rea sa	ICS	дау			
13a. STAT		13b COUNT		13c CITY OR TOW		13d. INSIDE CITY LIMITS	?   13e STREE   6721	Gary	Ave.	Bal	to.N	ID.	2122
	R'S NAME FIRST	M	DDLE	LAST		15. MOTHER'S MAIDEN		WIDDLE			LAS	ī	
	Henry		J.	Eurich		Pearl		ADDRES			Gass	per	03.03
	DECEASED EVER		ED FORCES? WAR OR DATES)	166 SOCIAL SECU	IRITY NO.	17 INFORMANT							2121
	No			215-12-7	7566	Kathryn V.	Schafer	,3937	Edno	r Rd	. Ba	alto	.MD.
ge	onditions, if any, ave rise to im- buse (a), station adeilying cause	nediote ig the	) "			N OF CASTR							
	RT 2 OTHER SIGN	NIFICANT CO	ONDITIONS CO	ONTRIBUTING TO 1	DEATH BUT	NOT RELATED TO THE T	ERMINAL DISEA	ISE OR COND	ITION G	IVEN IN F	ART 116	3'	TE
CERTIFICATION 150	DATE OF OPERA	TION	19b CONDI	TION FOR WHICH	OPERATIO	ON WAS PERFORMED	20a AU YES	TOPSY?	IN CERT	ES, WERE IFYING C YES []			ATH?
OR C	ACCIDENT WAS UNIT CONTRIBUTING (1) IF EITHER NOTIFY MEDI	CAUSE OF DEATH	Р.,	M. MONTH DA M.	AY YEAR		URRED (ENTER	NATURE OF INJUR	Y IN ITEM 18	PART I OR	PART 2)		
216	INJURY OCCUR	ILE	(AT HOME STR	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC)	211 LOCATION STREET		CITY OR TOV	VN	COI	UNTY		STATE
1 220	sow decrease above 10		1/10 15/	e deceased fram_ 19_ dfter death	42/8	nd that in (my) (aur) apin	ion death accur	red an the da	te and ho	, 19 our and fr		- (	(we) last
228	Zel	rais	Jam	e Bu	A		G MEDICA DIRECTO	L STAFI	F IAN 🔲	220	DATE	SIGNED	4
220	EDWAR	AME (TYPE OR	BUES	BRITT	w)	22e ADDRESS							
23n BLIRI	AL CREMATION	REMOVAL	23h DATE	236	VAME OF C	EMETERY OR CREMATO	RY 23d LO	CATION					

Oak Lawn Cemetery

DOELTHY AMERICAN SET . The same of the The manual of the party IN IN PROJECT 2 number 2 Nova 2 Nova 10 Nova 11 4 2 14 24 BY SALARCIDA BATYOUGHAYATILESSAYET HITCHEST 25 MAR VIN WE

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1	REGISTRAR 2	-7-84 ri	MEL	DICAL EXAMIN	IEK.2			REG. NO.		
	ECEASED NAME	FIRST				MURCHIS	Q 21	ESTI-	MONTH DAY YEA	R 76 HOUR
		John	D.			chison)	JA.	MATED L	1/4/84 19	M
3 51	X	4. RACE	5 DATE OF BIRTH	YEAR LAST BIRTHO		DER 1 YR. IF UNDER	24 HRS. 2c. DATE		MONTH DAY YE	11:30
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	OREIGN COUNTRY)	ATE OR	76 CITIZEN OF WH	IAT COUNTRY?	8 MARR	ED NEVER MARRI	IED 9. BALTIM	ORE CITY OR	COUNTY OF DEATH	
1	VIRGIN	IA	U.S	. A .	WIDOW	ED DIVORC	ED 🗆 Balt	imore C	City	MD.
10.	ITY OR TOWN	OF DEATH		PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12e USUAL OCCU		F WORK 12b. KIND OF OR INDU	BUSINESS
7	Baltimo	re	1	Hopkins Hos	pital		I OK MOST OF WOR	KING CITES		
	IAL RESIDENCE STATE	(IF IN NURSING HOME O	R OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMISSI	ION}	13a. INSIDE CITY LIMITS?	LIZ. STREET ADDRE	ccc	F 33.5	N D
	arvlan		11	Baltimo	- 0	YES NO			s Place	21202
	ATHER'S NAME					15. MOTHER'S MAIDE	EN NAME			
1	John		D.	Murchiso	n	Gladys	A	AIDDLE	Roger	S
160.	WAS DECEASED	EVER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURIT		17. INFORMANT		ADDRESS		
	NO OR UNKNO	WN) (IF YES, GIVE	WAR OR GATES]	223-54-2	362	Ellen M	urchison	n 2206	Printes	s Pl.
-		F DEATH (Enter on	ly ane cause per line		- 5 0 2	DIII II			APPROXIM	ATE INTERVAL
	PARTIDE	ATH WAS CALISED	) RV.	ubdural Hem	a+om				BETWEEN OF	NSET AND DEATH
	225	MMEDIAT	DUE TO, OR	AS A CONSEQUENCE	OF COILE					10-13
		is, if any, which								
		e to immediate stating the under-	(b)	AS A CONSEQUENCE	OF					
	lying cau		DOE TO, OK	AS A CONSEGUENCE	Or					
	PART 2 DINER SH	CHIEFCANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TERA	AINAL MICEAC	C OB CONDITION CIVEN IN BA	DT 1			
Z	THAT S GIVEN 31	omicani cononjono	CONTRACTOR TO GEATH	OF NOT WELLIEU TO THE TERM	WINAL GISLAS	C ON CONVILION OFFICE IN TH	OKT TYO			
CERTIFICATION	19a, DATE OF	OPERATION	III CONDIT	ION FOR WHICH OPER	RATION W	AS PERFORMED?			20 AUTOP	SY?
5									YES [	
E	ZIG EXTERNA	L CAUSE WAS	21b. TIME OF	INJURY	71c H	OW INJURY OCCURRE	D (ENTER NATURE OF IN	IILIRY IN ITEM TR PAF		NOX
		□X _{OR}	HOUR A.M	MONTH DAY YEA	P	ubject fell				
MEDICAL	CONTRIBUTION 21d INJURY C	OCCURRED		1/2/84 ₁₉		CATION	I de Home			
A ME		NOT WHILE T		ory, FARM, ETC.) Sidence		06 Prentis	Dlace I	Nalto (	City Mo	STATE
	AT WORK	AT WORK	x re	PIGELICE	22				JICY, FRG.	
	22a. I certif	fy that I taak charg	je of the remains des	cribed abave, held an	Autop	sy , Inspectio	n X, Inquiry	L, and i	in my apinian	
	death resulte	ed from: Natur	ral causes	Agrident X, Si	ecde	Hamicide .	Undetermined m	anner .		
	A CTILL	600	OF	1 42. 2	03	TITLE (SPECIFY)			- 475	
1	ACTUAL SIGNATURE.	Ulmu	es (N)	mugh	WN	D Assistant	MEDICAL EXAM	AINER	SIGNED 1/5	/84
V	EXAMINER'S	NI A AA E		1					03.0	.0.7
	(TYPE OR PRI	VT) D	ennis F.	Smych, M.D.		ADDRESS 111			., Md. 212	01
23a		TION, REMOVAL 2	B. DATE	23c. NAME OF CE	METERY C	R CREMATORY	Bartum	ore	COUNTY	Mrd .
	BURIAL		1/7/84	Baltim	ore	Cemetery				II.d.
	FUNERAL DIRECT		ACIOR ESS.	101 E N	4.1. A	250. DATE	REC'D, BY REGISTRA	R 25b. REGIST	RAR'S SIGNATURE	:11A
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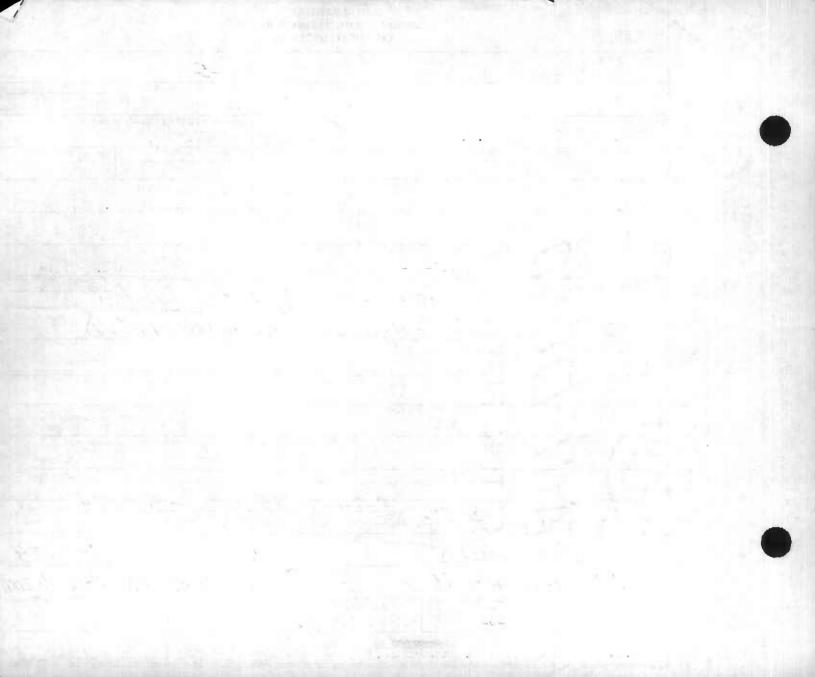
10	1 -	FOR STATE REGISTRAR		DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO.	1337
oy be		EASED NAME FR	nest	MIDDLE	MUR	Jock	2a. DATE OF DEATH MONTH	4 84 16:05 M
ge 4 moy	3. SEX	M	4. RACE	13	5. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)  6 5 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
Jeath.	QA	RTHPLACE (STATE OR FOREK		N OF WHAT COUN	WIDOWE		9 BALTIMORE CITY OR COUNTY	→ MD
by the	1	By OR TOWN OF DEATH	16 (IF NO	STENSUCH FACILITY, GIVE	STREET ADDRESS)	hopph	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
filled most	13a. S	Ma	COUNTY AR	13c CITY OF			13e.STREET ADDRESS / ZIP CO	
omplet ond 2	1		MOUN	LAS		15. MOTHER'S MAIDEN NA	ME MIDDLE UNKNOWN ADDRESS	LASY
Poges medico	16a. V	AS DECEASED EVER IN L	J.S. ARMED FOR YES, GIVE WAR OR D.		6-1246	QUEEN MURDO		ENUE 21061  APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
equires that the death of signed by the attending the please remove cort to buriol, cremation, or niury, or other troumati	NO	underlying couse le	ote the DUE	TO, OR AS A CON!  (b)  TO, OR AS A CON!  (c)  ONS CONTRIBUTING	COUENCE OF	hypertens	in al DISEASE OR CONDITION CO	
The low recion.  te has been sit permit.  giene prior	CERTIFICATION	190 DATE OF OPERATION		-	/HICH OPERATIO	N WAS PERFORMED	YES NO BE	ES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
NDING PHYSICIAN: I or ottending physis R. After this cernificat use as the buriol-tron use of the buriol-tron is morked or frem 18 s	MEDICAL CE	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOT WHILE AT WORK 22a.1 certify that (1) (this	E OF DEATH HO XAMINER)  21e. F (AT H	TIME OF INJURY UR A.M. MONTH P.M. PLACE OF INJURY OME, STREET, FACTORY, C	19  OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE  , 19 , that (1) (we) lost
TO HOSPITAL OR ATTER retained by the hospito Should be detached with the State Dept of H IMPORTANT: if Item 21:		sow the deceosed o obove, (1) (we) (did) 22b SIGNATURE 22d PHYSICIAN'S NAME	(did not) view the	ten		DEGREE ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	27c. DATE OF THE STATE OF THE S
BP		URIAL, CREMATION, REA SPECKY SURTAL		10 84		EMETERY OR CREMATORY		
DHMH - 16 50M 4/83 (VRA 15, 4)	24 FL	NERAL DIRECTOR L. PHILI	LIPS 17	21 N. MÔK	TRUE ST.	250. DA	N 1 1 1984	STRAR'S GGNATURE LIFE



	FOR STATE REGISTRAR			STATE OF MARYLAND NENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.
	ECEASED NAME PE OR PRINT)	Lulu Alio	ce Murphy	LÁST	January 4, 1984
3. SI	F	4 RACE	W	5. DATE OF BIRTH MONTH DAY MARCH 16, 1883	6. AGE (INYEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 2 MONTHS UAYS HOURS YRS
35 70.8	BIRTHPLACE (STATE OR FI COUNTRY)  Md.		OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Baltimore,
10.0	Baltimore	(IF NOT IN	OF HOSPITAL, NURSING SUCH FACILITY, GIVE STREET ADD MANOR NU		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Secretary Bank
130.	Md.	ING HOME OR OTHER INSTITU 13b. COUNTY	13t. CITY OR TOWN Baltimor	e YES X NO	13*STREET ADDRESS / ZIP CODE 1600 Mt. Royal Ave. 2123
W YOU		ohn T. Mur			lice Kenly
	WAS DECEASED EVER TYES, NO OR UNKNOWN]	IN U.S. ARMED FORCE (IF YES, GIVE WAR OR DATE			J. Emory, Jr. 6122 The Alame
jury, or other tr		g the DUE TO	O, OR AS A CONSEQUE  S CONTRIBUTING TO D	NCE OF	MINAL DISEASE OR CONDITION GIVEN IN PART 110
s any in	19a DATE OF OPERAT	ION 196 CO	INDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b, IF YES, WERE FINDINGS USED
18 shows	19a DATE OF OPERAT	DERLYING 216 TIM	AE OF INJURY  A A.M. MONTH DA  P.M.	OPERATION WAS PERFORMED  21c. HOW INJURY OCCU	
ked or Hem 18 shows any in	OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	DERLYING 21b. TIM CAUSE OF DEATH CALEXAMINER)  RED 21e. PLA (AT HOM	AE OF INJURY R. A.M. MONTH DA	OPERATION WAS PERFORMED  21c. HOW INJURY OCCU 19 211 LOCATION	200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO REPORTED NO REPORT (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)
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WPORTANT: If frem 21 is morked or frem 1	OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CO	DERLYING 21b. TIM CAUSE OF DEATH CALEXAMINER)  RED 21e. PLA (AT HOM RR ((Ithis hospital) attende ed alium a did (did not) view the b  NAME ((TYPE OR PRINT))  Welzant,	AE OF INJURY R. A.M. MONTH DA P.M. ACE OF INJURY Le, STREET, FACTORY, OFFICE, F/ and the deceased from lody after death. M. D.	OPERATION WAS PERFORMED  21c. HOW INJURY OCCU  21l. LOCATION SIREET  DEGREE  ATTENDING PHYSICIAN 176 ADDRESS	200 AUTOPSY?  200 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH YES NO COUNTY  CITY OR TOWN  COUNTY  STAFF  MEDICAL  STAFF  DIRECTOR PHYSICIAN  Arts Bldg. Balto. Md. 21201

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IDECEASED NAME	20	1.	FOR - STATE REGISTRAR			EALTH AND MENTAL HYO ICATE OF DEATH	REG. NO.	
FEMALE    BLACK	oge 3 death					AST	20. DATE OF DEATH MONTH	H DAY YEAR 26 HOUR
36 BIRTHPLACE   STATE OPPOWER   10 CITY OF OWNAT COUNTRY   10 CITY OR TOWN OF DEATH   11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION   120 USUAL OCCUPATION   120 USUAL OCCU	s after d						73	MONTHS DAYS HOURS MIN
RALTTMORE  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, OVER RESIDENCE BEFORE ADMISSION) 136. STATE  USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, OVER RESIDENCE BEFORE ADMISSION) 136. STATE  138. COUNTY  138. CHY OR TOWN  BALTIMORE  138. CHY OR TOWN  BALTIMORE  15. MOTHER'S MADEN NAME  15. MOTHER'S MADEN NAME  NANCY  WARREN  166. WAS DECEASED EVER IN U.S. ARMED FORCES? (YYS. NO OR WAR OR DATE)  179. CONSTRUCTION  179. CONSTRUCTION  179. CONDITION FOR WHICH OPERATION WAS PERFORMED  179. ACCIDENT WAS UNDERLYING  170. ACCIDENT WAS UNDERLYING  171. INCATION  170. ACCIDENT WAS UNDERLYING  171. INCATION  170. ACCIDENT WAS UNDERLYING  171. INCATION  171. INCATION  172. ACCIDENT WAS UNDERLYING  171. INCATION  170. ACCIDENT WAS UNDERLYING  171. INCATION  171. INCATION  172. INCATION  172. INCATION  173. INCATION  174. INCIDENT WAS UNDERLYING  175. INCIDENT WAS UNDERLYING  176. ACCIDENT WAS UNDERLYING  177. ACCIDENT WAS UNDERLYING  178. CAUSE OF DEATH  179. ACCIDENT WAS UNDERLYING  170. ACCIDENT WAS UNDERLYING  171. INCATION  170. ACCIDENT WAS UNDERLYING  171. INCIDENT WAS UNDERLYING  172. ACCIDENT WAS UNDERLYING  173. ACCIDENT WAS UNDERLYING  174. INCIDENT WAS UNDERLYING  175. ACCIDENT WAS UNDERLYING  176. ACCIDENT WAS UNDERLYING  177. ACCIDENT WAS UNDERLYING  178. ACCIDENT WAS UNDERLYING  179. ACCIDENT WAS UNDERLYING  170. ACCIDENT WAS UNDERLYING  170. ACCIDENT WAS UNDERLYING  171. INCIDENT WAS UNDERLYING  172. ACCIDENT WAS UNDERLYING  174. INJURY OCCURRED  175. PART I OR PART I	2 49				MARRIE		9 BALTIMORE CITY OR CO	UNTY OF DEATH
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TO THE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO THE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO THE PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO THE PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OR AUSE OF DEATH OR PART 2. OTHER SIGNIFICANT CONDITION FOR WHICH OPERATION WAS PERFORMED  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING TO DEATH BUT NOT DEATH BUT NOT COURSED (ENTERNATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)  210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTION OR CONTRIBUT	200	14. F/	FIRST		LAST	FIRST	WIDDLE	WARREN
PART 1. DEATH WAS CAUSED BY:    MMEDIATE CAUSE 10	/ medical		YES, NO OR UNKNOWN) (IF YES,	GIVE WAR OR DATES)				
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e, PLACE OF INJURY  211, LOCATION	prior to burial,	ATION	PART 2. OTHER SIGNIFICAN				20a AUTOPSY?   20b	IF YES, WERE FINDINGS USED
OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M.  19  21d. INJURY OCCURRED  21e, PLACE OF INJURY  211, LOCATION	S /	ERTIFIC	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCUR	YES NO	YES NO
	or Hem 18 sh		(IF EITHER, NOTIFY MEDICAL EXAMING	P.M.	19 IRY		CITY OR TOWN	COUNTY STATE
	late Dept, of		apow (i) (we) (did) (did	un al	eoth.		MEDICAL STAFF	22c. DATE SIGNED
ATTENDING & MEDICAL STAFF /-/2-80	should be def with the State IMPORTANT:		NOOCKE	CBAUM, 1		3635 01	D Court 1	B. OHLE. N. 21.
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN ST	sho IMP	(	BURIAL	23b. DATE 1-9-84		WN CEMT.	BALTIMORE	MARY LAND STATE
DEGREE  ATTENDING MEDICAL STAFF PHYSICIAN'S NAME (TYPE OR PRINT)  220 DORESS  DECLE BAUM, H.D.  221 DORESS  DECLE BAUM, H.D.  222 DORESS  DECLE BAUM, H.D.  223 DORESS  DECLE BAUM, H.D.  224 DORESS  DECLE BAUM, H.D.  225 DORESS  DECLE BAUM, H.D.  226 DORESS  DECLE BAUM, H.D.  227 DORESS  DECLE BAUM, H.D.  228 DORESS  DECLE BAUM, H.D.  238 BURIAL, CREMATION, REMOVAL  (SPECIFY)  BURIAL  1-9-84 WOODLAWN CEMT.  DEGREE  ATTENDING MEDICAL  PHYSICIAN  DEGREE  ATTENDING MEDICAL  PHYSICIAN  COUNTY  MARYLAND  STATE  MARYLAND	6 50M 1/76 15 (4))	24 F	UNERAL DIRECTOR E.L. PHILLIPS	S 1721 N. MC	ONROE ST.		N 1 3 1084	REGISTRAR'S SIGNATURE



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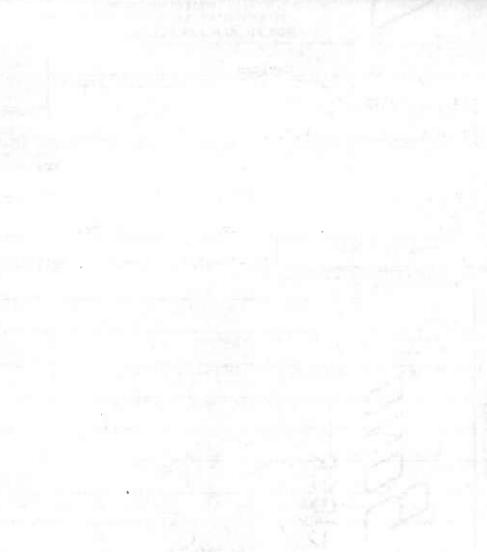
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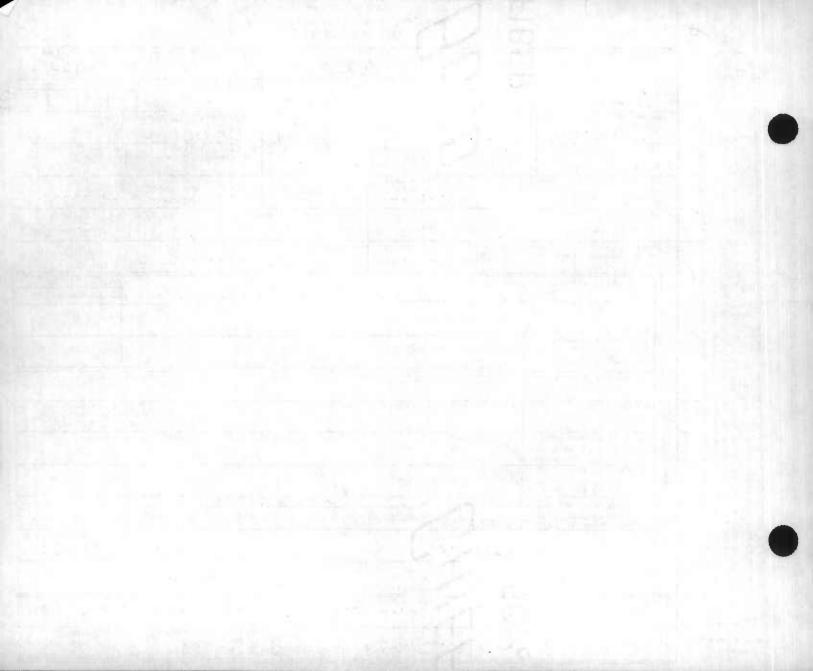
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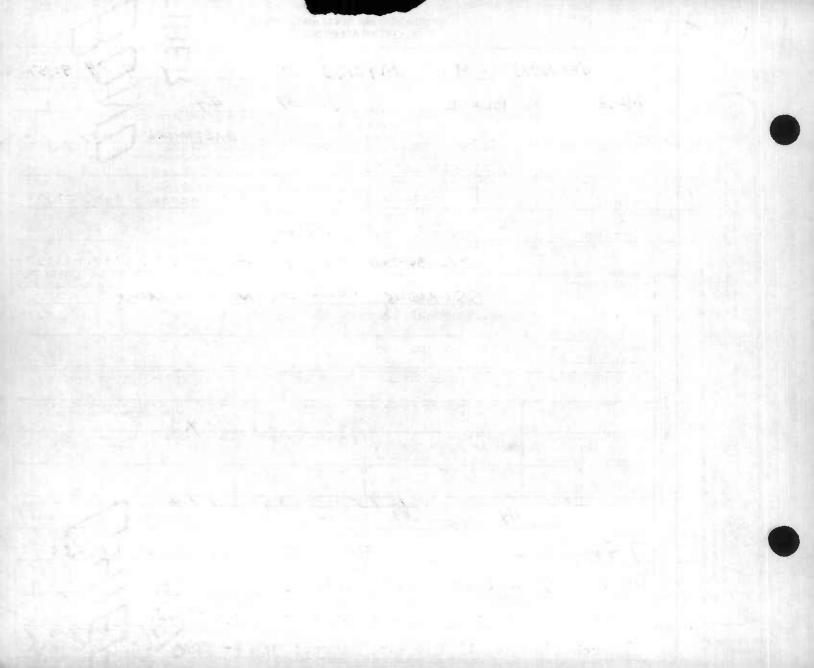
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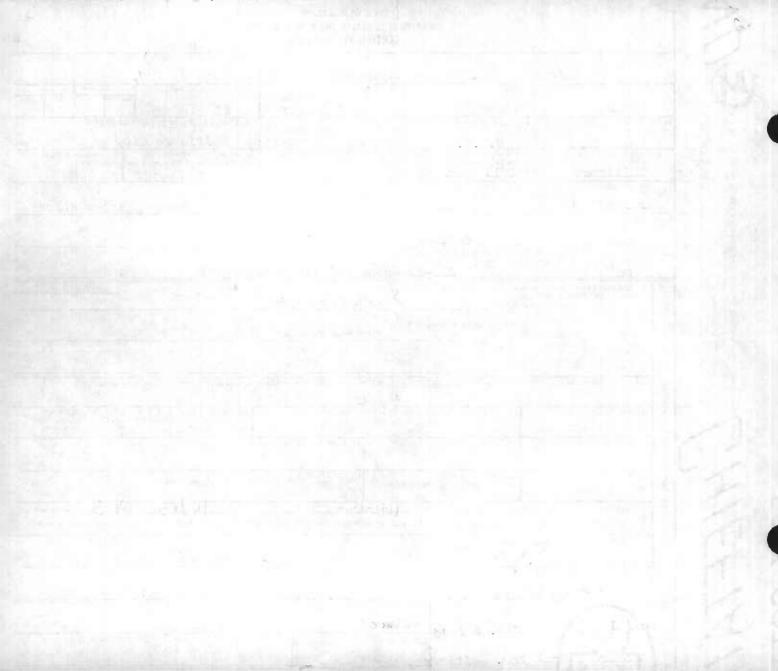


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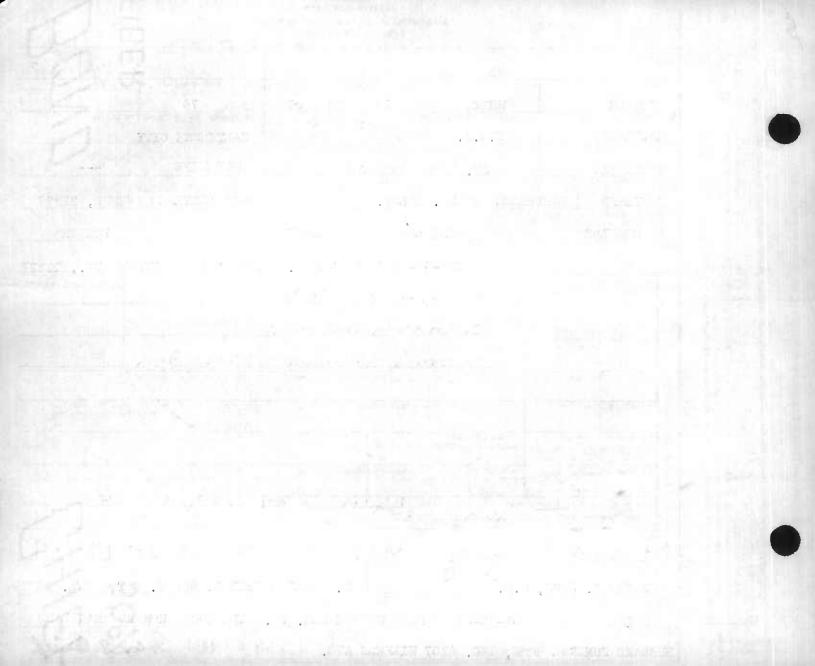




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TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital or attending physician.

BP. DHMH - 16 50M 4/8 (VRA 15, 4)

24	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4 C	1351
e and the contract of the cont	1. DECEASED NAME FIRST TACK		NEUBURGER	26. DATE OF DEATH MONTH	10 84 4:28 PM
	3. SEX MALE	1. RACE CAUCASIAN	S. DATE OF BIRTH  MONTH DAY  OB 29 1893	6. AGE (IN YEARS LAST BIRTHDAY)  90  YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	76. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MARY LAND	76. CITIZEN OF WHAT COUNTRY?		9. BALTIMORE CITY OR COUNT	
by the filled with	BALTIMURE	SINAL HOSPITA	LOF BALTIMORE	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING CATERER	FOOD
filled in by hould be file	MARYLAND	ME OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR OUNTY 13c, CITY OR TOW BALTIN	MORE YES XX NO [	6988 MARSH	T. 1C E DRIVE 21215
ompletely ond 2 s	14 FATHER'S NAME FIRST LUDWIG	NEUBERGEF		EE MIDDLE	UNKÑOWN
S. Poges medico	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (1F YE	S. ARMED FORCES? 166. SOCIAL SECU- IS. GIVE WAR OR DATES) 212 32		RS. REBEC <b>CA</b> RENEUB OK PARK DR. B.	URGER APT. 1C ALTO., MD 21215  APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL APPROXIMATE INTERVAL
s signed by the ottendin Then please remove cark to burial, cremation, or njury, or other traumation		DUE TO, OR AS A CONSEOU		MINAL DISEASE OR CONDITION G	IVEN IN PART 1:0
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ertificate riol-transi	OR CONTRIBUTING CAUSE O	DE DEATH HOUR A.M. MONTH D		RRED (ENTER NATURE OF INJURY IN ITEM 11	8 PART I OR PART 2)
her this os the but hond Mond Mond Mond Mond Mond Mond Mond M	(IF EITHER, NOTIFY MEDICAL EXAM	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
for use of Health	22a.1 certify that (1) this h saw the deceased aliv abave, (1) (we) did (di	nospital) attended the deceased from the an TAN 10 19 19 19 19 19 19 19 19 19 19 19 19 19	JAN 9 19 84 34 , and that in (m) (aur) apinian	death accurred an the date and he	, 19 <u>84</u> , that (D)(we) last our and from the causes stated
TO FUNERAL DIRECTOR: should be detached for us in it is the Dept. of He	226. SIGNATURE.	un MB1352	DEGREE ATTENDING PHYSICIAN (	MEDICAL STAFF DIRECTOR PHYSICIAN	1.10.84
TO FUNE		M. BOGGS, M.D	And the second s	PITAL OF BALTI	MORE, MD.
	230 BURIAL, CREMATION REMO		NAME OF CEMETERY OR CREMATORY HEB SHALOM MEM. PAR		
16 50M 4/82 A 15, 4)	NAME	L LEVINSON & BROS.	21217	TE REC'D. BY REGISTRAR 256. REGISTRA	STRAR'S SIGNATURE LILL

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	× 1	- STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
( p		CEASED NAME FIRST	MIDDLE	LAST		YEAR 26. HOUR
5 S	100	GRACE	E.	NICHOLS	01- 2	6- 84 2:31PM
offee of	3 SE	X	4 RACE	5. DATE OF BIRTH  MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4	1	FEMALE	White	04 - 06- 1883	100 yrs.	O'THE DATE OF THE OTHER PROPERTY.
S Poor	7a B	IRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	BALTIMORE CITY OR COUNTY	OF DEATH
2	B	LTIMERE	USA	WIDOWED DIVORCED	CITY	MD.
54	- 10 C	ITY OR TOWN OF DEATH	<ol> <li>NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR</li> </ol>	SING HOME OR OTHER INSTITUTION BET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE	12b. KIND OF BUSINESS OR INDUSTRY
3/6	_	BALTIMORE	UPLAND'S HOM		EN HOME*MAKE	none
		AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN			13e STREET ADDRESS	
E		ARYLAND -	- BALTI		3226 Ellerslie	Avenue 21218
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X	U		G. SWEET		TA EVELYN ADDRESS	HOOD
medico		WAS DECEASED EVER IN U.S. ARI YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)			
E		. No		4-0917 JOANN MU	RPHY DON 4501	OLD FRED RD.
ovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ily one couse per line for (a), (b)	end (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ote C	1	UTT	8	ATTENDING PHYSICIAN [	MEDICAL STAFF  DIRECTOR PHYSICIAN	1-27-84
h the State		224 PHYSICIAN'S NAME (TYPE O		22e ADDRESS		
A PO		George Ango	v M.D.	3350 Wilk	cens Avenue, Balti	more, Md.
s <u>&lt;</u>	23a.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
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AL OR A the host		276. SIGNATURE X. Galus mn DEGREE ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN PHYSICIAN	27c. DAJE SIGNED
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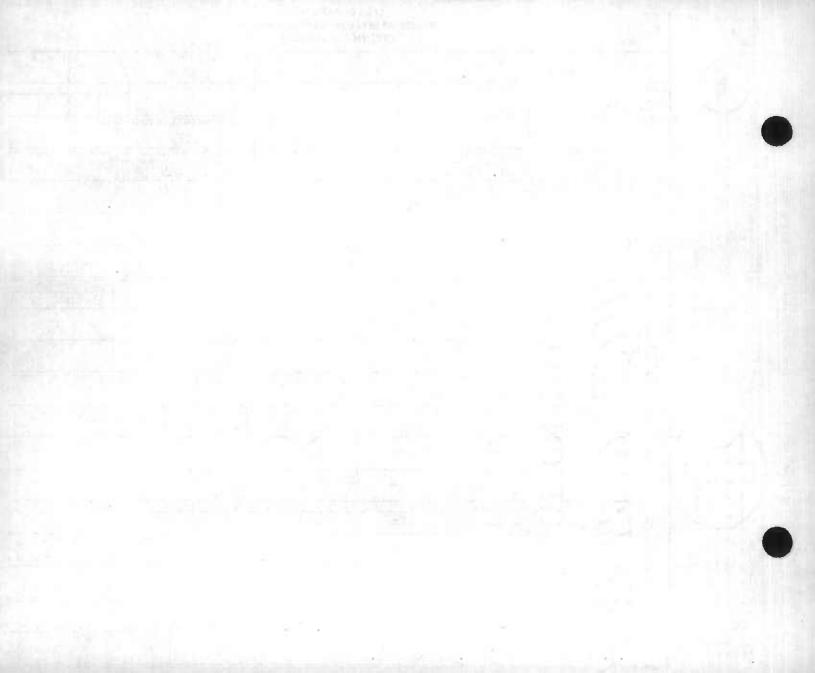
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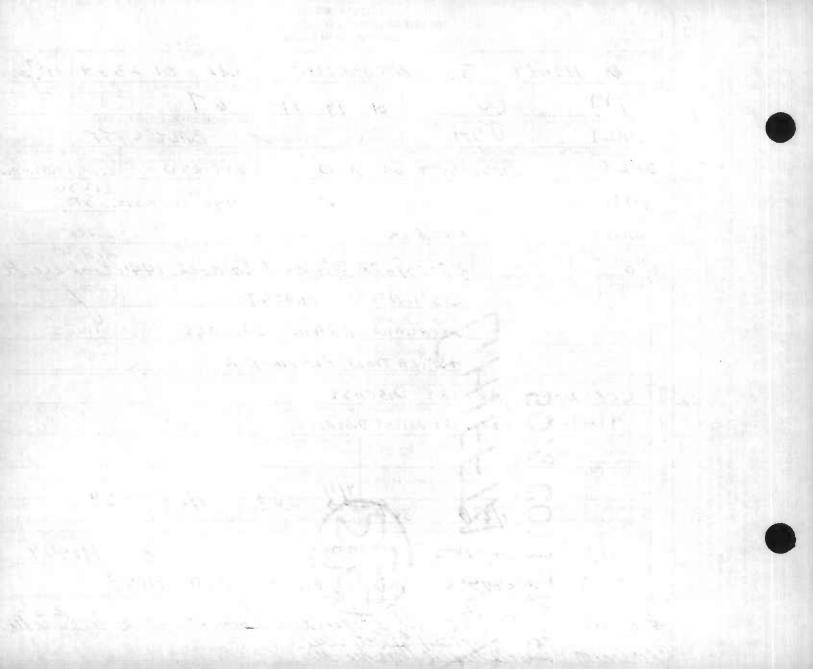
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE



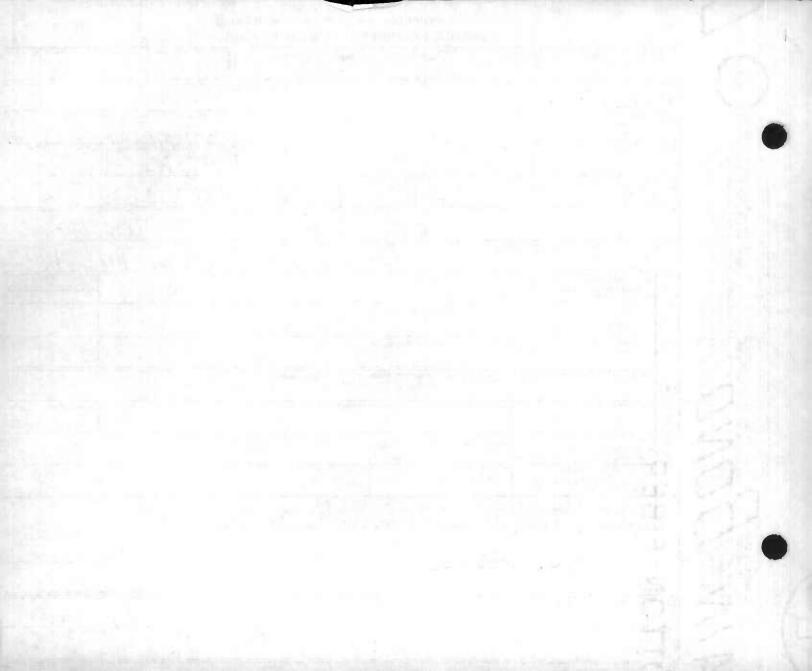
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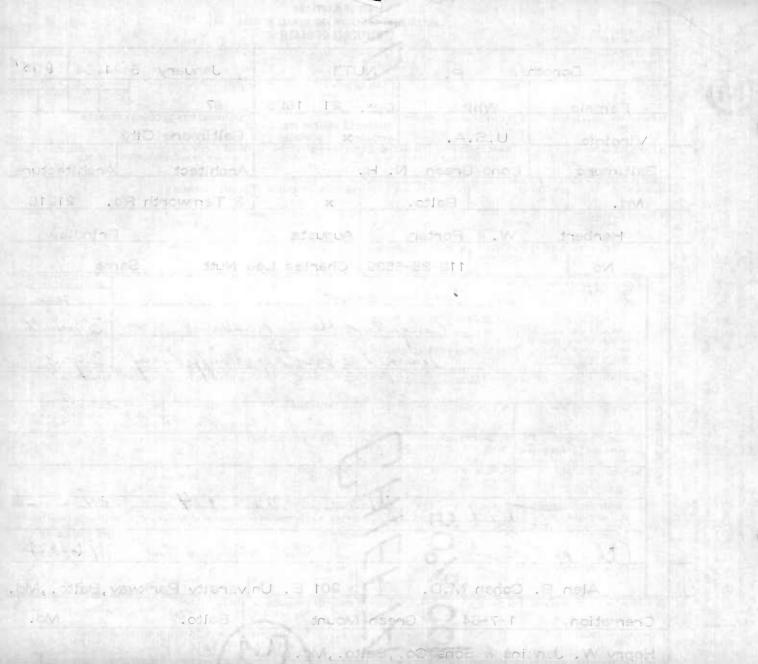


- STATE REGISTRAR Luther W. Norman CERTIFICATE OF DEATH  REG. NO.  1. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR  (TYPE OR PRINT)		1	FOR		STATE OF MARYLAND	8 4 0	1 3 5 8
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PHYSICIAN DIRECTOR PHYSICIAN DIR							22c. DATE SIGNED
226. PHYSICIAN NAME (TYPE OF PRINT)  PORANTE RICHARD MANCAD SOUTH BALTIMORE GEN. HOSP.  236. BURIAL, CREMATION, REMOVAL 236. DATE 1/31/84 Physician Name of Cemetery of Crematory 1/31 Location Thurmond, N. Coounity State			pms	arcer			1/27/84
ECORANTE RICHARD MANCAD SOUTH BALTIMORE GEN. HOSP.  236. BURIAL, CREMATION, REMOVAL 236. DATE 1/31/84 Phurmond Cemetery Phurmond, N. Coounty State	NER NER		22d. PHYSICIAN S HAME (TYPE	OR PRINT)	22e ADDRESS		
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	BP	-	Eurial	1/31/84	Thurmond Cemetery	Thurmond, N.C.	COUNTY STATE
DHMH - 16 50M 4/82  24. FUNERAL DIRECTOR  250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE		24. F	UNERAPOREGION IN	Du Helm	250. DA		AR'S SIGNATURE
(VRA 15, 4) Fruzdzinski Funeral Home PA 1407 Old Eastern Ave FEB 1 1984		Zer.	uzdzinski Fune	ral Home PA 140	7 Old Eastern Ave	EB 1 1984	an for Capiel

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1 3	1-	FOR STATE	DEPARTMENT C	OF HEALTH AND MENTAL H	440	1 3 5 9
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N PAC	IIISII	Baltimore		ve.	FOR MOST OF WORKING LIFE)	2/2/7
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BALTIMO HES AFTER I GIVE PACEN WITH FOR		NAS DECEASED EVER IN U.S. ARI VES, 10. PRUNKNOVIN) (IF YES, GIVE	MED FORCES? WAR OR DATES)  166. SOCIAL SECU	0625 West Tu	ineral Home A	prometox Va.
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CATE, TO CATE, PORRY, PORR, PORRY, PORR, PORRY, POR	11	220 I certify that I took charg	ge of the remains described above, held o		Notice Inquiry . and in my	apınian
CAMI ERTIFICA IRECT WITH I		death resulted fram Natur	ral causes X, Accident ,	Suicide , Homicide ,	Undetermined manner,	
CALE SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOULD SHOU	4/	SIGNATURE A	-and	M.D. Assistant	MEDICAL EXAMINER SIG	TE 1-19-84
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8b 8 8 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	23o.E	URIAL CREMATION, REMOVAL 2	1-22-84 Three	cemetery or crematory	23d LOCATION CITY OR TOWN	ounty Va STATE
DHMH - 17	24	UNERAL DIRECTOR	ADDRESS D	19-17 38 250. DAI	BY REGISTR TISE REGISTRAN	SSIGNATURE
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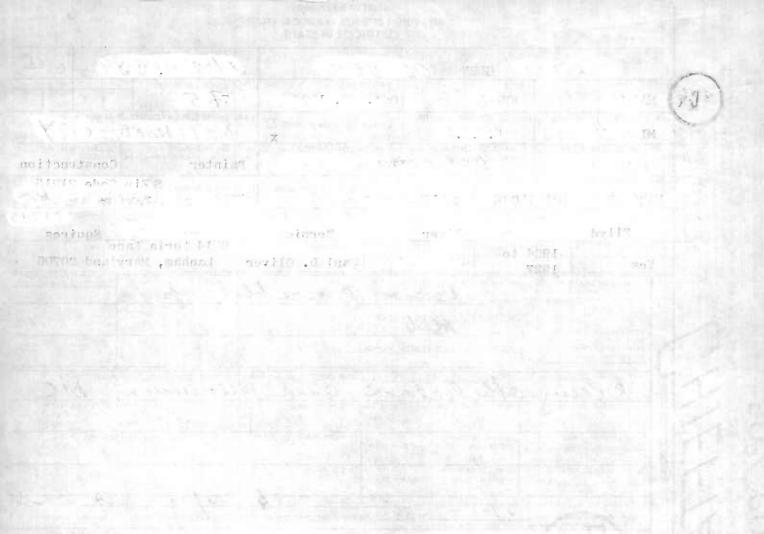


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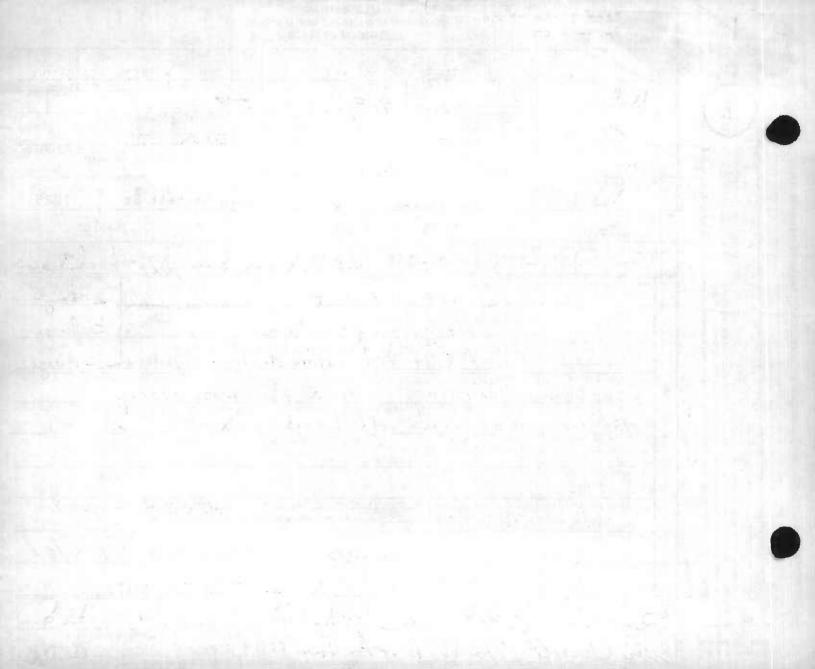
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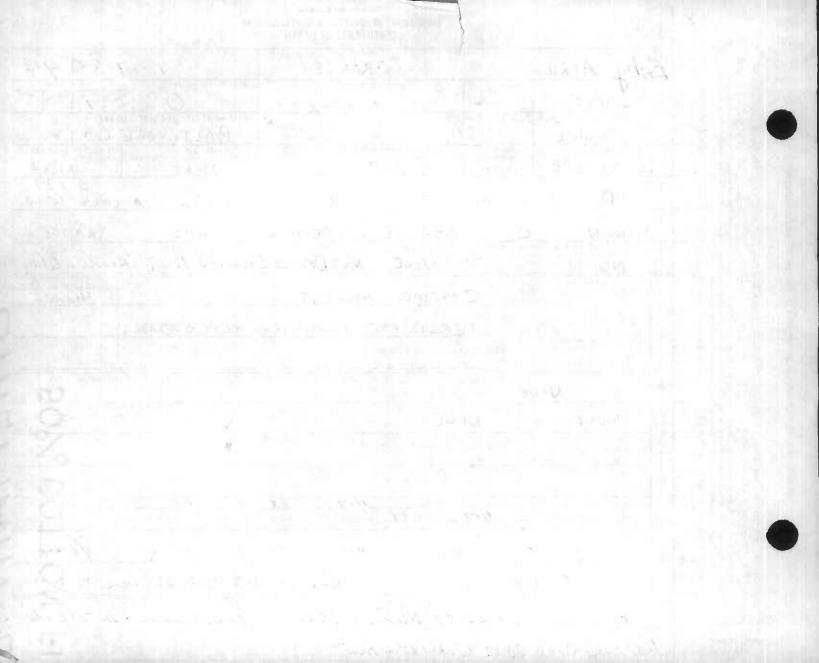


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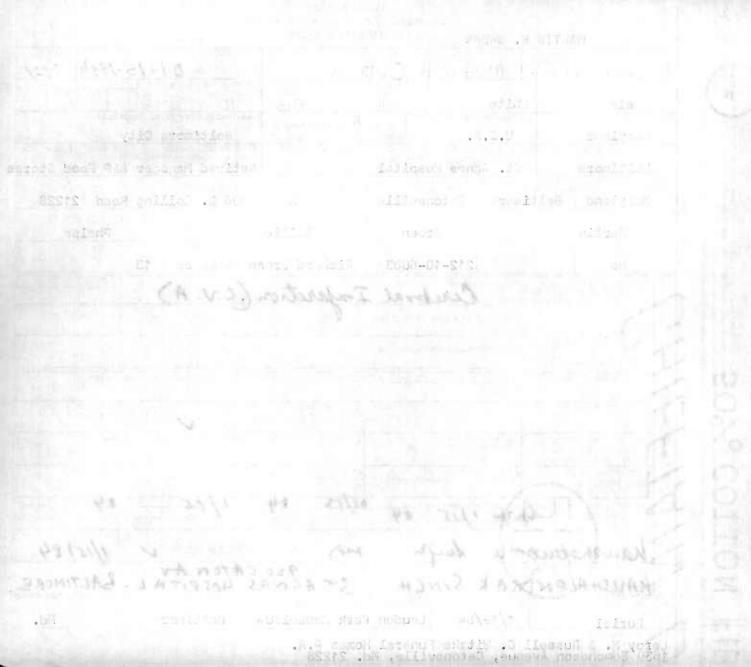
Y M	FOR Item 13c&e phone DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH  CERTIFICATE OF DEATH  REG. NO.	3 6 3
1 01	DECEASED NAME FIRST MIDDLE LAST 20, DATE OF DEATH MONTH DAY YEA	
X	DONALD GLEEN O'NFII 1 27  SEX RACE DATE OF BETTH 6 AGE INVERS LAST BIRTHDAY) IF UNDER 19  MONTHS D  YRS.	YEAR IF UNDER 24 HR
X	BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 19. BALTIMORE CITY OR COUNTY OF DEAT WIDOWED DIVORCED 19. BALTIMORE CITY OR COUNTY OF DEAT WIDOWED 19. BALTIMORE CITY OR COUNTY OF DEAT	н
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n and co	WAS DECEASED EVER IN U.S. ARMED FORCES? 14 SOCIAL SECURITY NO. 17 INFORMANT (YES, NOOR UNKNOWN) (EVES) 1940-1955 97-24-7169 V.A. No. : Cal Cal 3900 Lo	ch hun
requires that the death certific sen signed by the attending ph t. Then please remave carbona ior to buriol, cremation, or remo y injury, or other troumatic even	PART 1. DEATH WAS CAUSED BY:    MAREDIATE CAUSE (a)   Cardiac Arrest	
JING PHYSICIAN: The low or ottending physician.  After this certificate has be os the build-transit perm bith and Mental Hygiene primorked or item 18 shows or	216. ACCIDENT WAS UNDERLYING   216. TIME OF INJURY OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)   216. TIME OF INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PAR 19   216. INJURY INJU	NO []
TO HOSPITAL OR ATTENII retoined by the hospitol   TO FUNERAL DIRECTOR: should be detroched for us with the State Dept. of Hee IMPORTANT: If them 2 l is s	sow the deceased alive an	
BP	BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 234 LOCATION COUNTY	W STATE
DHMH - 16 50M 4/83 (VRA 15, 4)	In Curoll 1712 Washess Varta And FFB 1 0 1984 2	0



(VRA 15, 4)



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22 25		RTHPLACE (STATE OR FOREM COUNTRY)  Maryland	76. CITIZEN OF	A.	TRY? 8. MARRIE WIDOWI	D NEVER M	AARRIED 7	Baltimore CITY O		DEATH	MD.
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onld be	13a. S	AL RESIDENCE (# NURSING HE NATE)	COUNTY Beltimore	13c. CITY OR	TOWN	13d INSIDE CI	ITY LIMITS?	30. STREET ADDRESS	lling R	oad 2	21228
ond 2 sh	14. FA	THER'S NAME FIRST Martin	WIDDLE	(AST OI	rben		MAIDEN NAME PIRST TTILLE	MIDDLE		Phelp	s
Poges 1		VAS DECEASED EVER IN L YES, NO OR UNKNOWN) (IF	J.S. ARMED FORCES? YES, GIVE WAR OR DATES)		SECURITY NO.	17. INFORMAL	rd Orbe	n Same as			
In signed by the arenam In specification of the Tro buriol, cremation, or injury, or other froumotic	NO		ich (b)_ote the ast. (c)_	OR AS A CONS	EOUENCE OF	NOT RELATED	TO THE TERMIN	IAL DISEASE OR CON	DITION GIVEN I	IN PART 1(0)	
permit prio	CERTIFICATION	198. DATE OF OPERATION	19b. CON	DITION FOR W	HICH OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES, WI IN CERTIFYING YES	G CAUSES C	GS USED OF DEATH?
Nem 18 sho		216. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E)	OF DEATH HOUR	OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW IN.	JURY OCCURRE	D (ENTER NATURE OF INJUI	RY IN ITEM 18. PART 1	OR PART 2)	
olth ond Me morked or H	MEDICAL	21d. INJURY OCCURRED  WHILE AT WORK  NOT WHILE AT WORK	LAT HOME S	E OF INJURY TREET, FACTORY, OF	FFICE, FARM, ETC )	21f. LOCATIO	N	CITY OR TO	wn	COUNTY	STATE
ched for us Dept. of Her Item 21 is a		220.1 certify that (I) (this sow the deceased of obove, (I) (we) (did), (22). SIGNATURE	hospitol) ottended (live on sh. 7 had did not) New the bod	the deceosed for yorker death.	4-6 4	DEGREE A	TTENDING PHYSICIAN	oth occurred on the do	FEIAN	/	
should be deto with the State [		II	ENDRA 1	c. SIN	-/ -	ST.	AGNE	1100		BALT	MORE
		URIAL, CREMATION, REM SPECIFY)  Burial	23b. DATE 1/19	/84	23c. NAME OF C		usoleum	23d LOCATION CITY OF TOWN Baltime	ore	DUNTY	STATE Md.
5 50M 4/82 15, 4)	16 16	presidirector proyeM. & Rus 30 Edmondsor	seell C. W	itzke [,] Catonsv	uneral	Homes P	A JAN	REC'D. BY REGISTRAR	256 REGISTRAR	SSIGNATUR	



	1. DÉCÉASED NAME FIRST (179E OR PRINT)  3. SEX TONALO (1895)  76. BIRTHPLACE A STATE OR FOREIGN	M.  4. RACE aucasian  5. DATE C	vem	20. DATE OF DEATH	MONTH DAY THAT TO HOUR
the death, Page 4		aucasian Month		6. AGE (IN YEARS LAST BIRT	The second secon
1 11 0	USUAL RESIDENCE (IF NURSING HOME OR OIL  136. STATE  Maryland  14 FATHER'S NAME FIRST  Johnathan  160 WAS DECEASED EVER IN U.S. ARME (YES, NO OR UNKNOWN) NO  18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED E  IMMEDIATE (  Conditions, if only which gove rise to immediate couse (o), stating the	76. CITIZEN OF WHAT COUNTRY? 8 MARRIE WIDOWS	D NEVER MARRIED	9. BALTIMORE CITY OF Baltimore	
5 53 1	Baltimove)	11. NAME OF HOSPITAL, NURSING HOME ( (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  Keswick Home 21211	-9-	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF Retired	
1133	Maryland 136 CO		134 INSIDE CITY LIMITS?  YES NO 1	13e STREET ADDRESS / 823 Union	
ond 2	FIRST	Thompson	Ida	M.	Morgan
oe execut n and co Pages	(YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES? 166 SOCIAL SECURITY NO. 218-05-4060A	Mrs. Jean W	ADDRE arner 823 Ur	nion Avenue 21211
requires that the death of signed by the attendar Them please remove cortain by to buriol, cremation, or rinjury, or ather traumoth	gove rise to immediate couse (a), starting the underlying couse lost  PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CONSEQUENCE OF  (b)  DUE TO, OR AS A CONSEQUENCE OF  (c)  T CONDITIONS CONTRIBUTING TO DEATH BUT			
he low on.	19a DATE OF OPERATION  21a. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEAT YES NO
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF ILE ETHER, NOTIFY MEDICAL EXAMINATION OF CONTRIBUTION OF	DEATH HOUR A.M. MONTH DAY YEAR P.M. 19 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	RED (ENTER NATURE OF INJUR	
TO HOSPITAL OR ATTENDIO retained by the haspital or TO FUNERAL DIRECTOR: a should be detached for use, with the State Dept. of Healt IMPORTANT: if them 21 is ma		on 33 AN 1984 on not view the body after death  Licharden Med	DEGREE  ATTENDING PHYSICIAN [	death occurred on the do	
Pb TO HOS	23a. BURIAL, CREMATION, REMOV. (SPECIFY) Burial		EMETERY OR CREMATORY nited Meth. C	23d. LOCATION CITY OR TOWN	Balto, Co. Mary

name of the second and Every County

Leonard J. Ruck, Inc. Baltimore, Maryland

- STATE

(VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

YEAR

2h HOUR

APPROXIMATE INTERVAL

COUNTY

22c. DATE SIGNED

Maryland

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Walters Funeral Home/Pratt & Stricker Streets

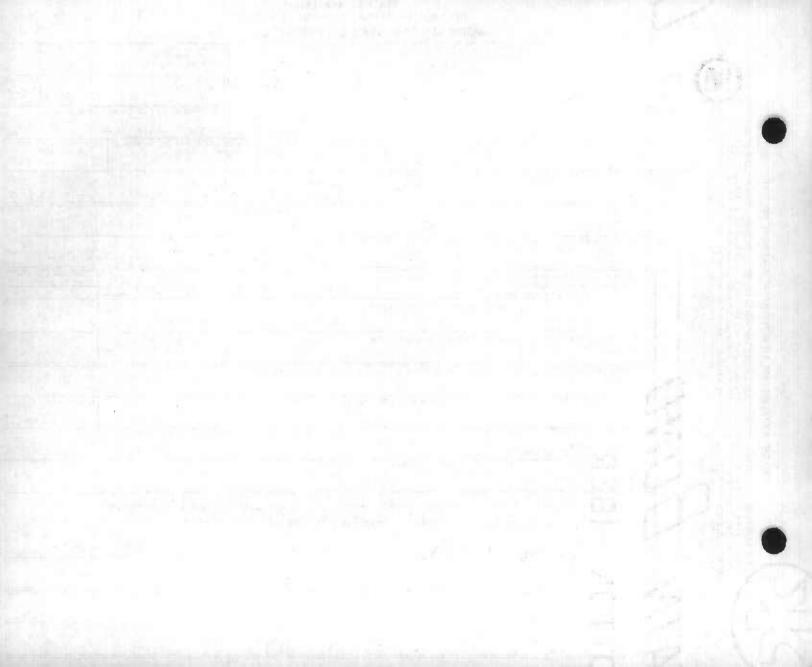
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

STATE OF MARYLAND

STATE OF THE STATE OF THE STATE OF

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME Charlie 2a. DATE KNOWN 26. HOUR Page (TYPE OR PRINT) EST1 CHARLES L. (PAIGE) DEATH MATED JR. 84 19 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 24 HRS 2d. HOUR DATE PRONOUNCED 9:44 black 26 1924 60 male DEAD 19 84 To BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY)
N.C USA WIDOWED X DIVORCED Baltimore City II. CITY OR TOWN OF DEATH 128 USUAL OCCUPATION (TYPE OF WORK 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 17b. KIND OF BUSINESS OR INDUSTRY FOR MOST OF WORKING LIFE) 1911 Etting St. Baltimore USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE Baltimore 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 13b. COUNTY NO [ 1911 Etting Street 21217 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Page Bessie MIDDLE Daniels Charlie 7. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. ADDRESS (YES, NO, OR UNKNOWN) N/A Minnie R. Owens 25 S. Arlington Ave CAUSE OF DEATH (Enter only ane couse per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Hypertensive & arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (d) CERTIFICATION E 3 SHOULD BE USED / DEPARTMENT OF HE/ 11 PRIOR TO BURIAL, ( 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . NO X 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY OR UNDERLYING CONTRIBUTING CAUSE OF DEATH P.M TIE PLACE OF INJURY (ATHOME 21d. INJURY OCCURRED 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE WHILE AT WORK CITY OR TOWN COUNTY STATE PAGE 4 SHOULD BE FORWAR
TO FUNERAL DIRECTOR: PAGAFTER DEATH, WITH THE STATE
BANTIMORE, MARYLAND, 2120 Inspection X 22a I certify that I took charge of the remains described above, held an Autopsy death resulted from Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL Mn Assistant 1-7-84 SIGNATURE MEDICAL EXAMINER 111 Penn St., Balto., Md.21201 Ann M. Dixon, M.D. 23d LOCATION
CITY OR TOWN
Landsdown 230 BURIAL, CREMATION, REMOVAL 236. DATE 23c. NAME OF CEMETERY OR CREMATORY SPECIFY Md Burial 1/12/84 Zion Cemetery BP BY REGISTRAR 1756 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR 25a. DATE REC'D. **DHMH - 17** (VR A15 ME (5)) William C. March F/H 1101 E. North Ave 20M 4/B2

STATE OF MARYLAND



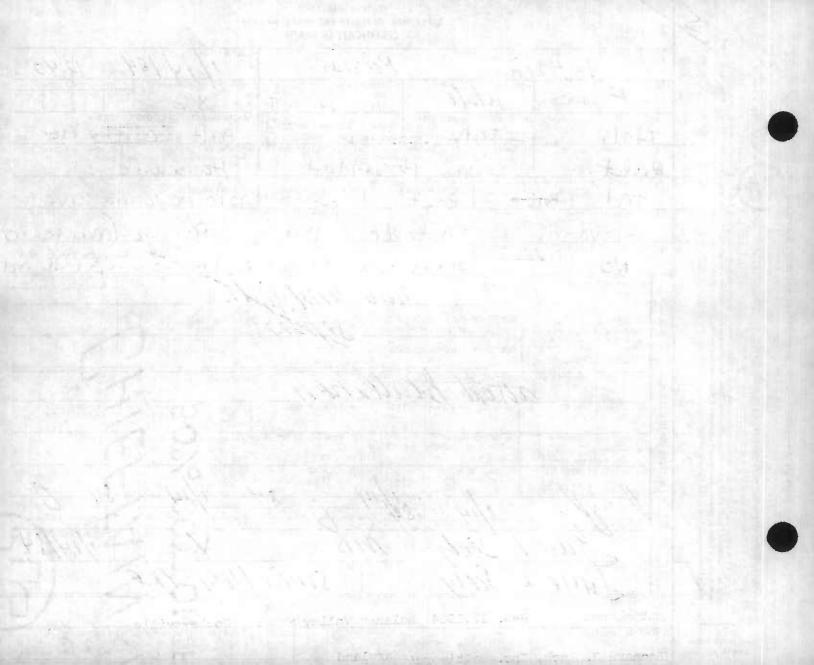
X/	BX	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH		11370
th	# m#		CEASED NAME FIRST OR PRINT) Luther	Annu	Palmer Su	REG. NO.	DAY YEAR 12. HOUR 12:37 Am
	(M)	3. SE		1. RACE White	5. DATE OF BIRTH MONTH DAY YEAR 4 - 18 - 04	6. AGE (IN YEARS LAST BIRTHDAY) 79 YRS	IF UNDER ) YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
0	N SE		RTHPLACE   STATE OF FOREIGN	76. CITIZEN OF WHAT OUNTRY		- P. BALTIMORE CITY OR COUN	
102	The state of the s	10 C	DATING RE	11. NAME OF HOSPITAL, NURS	NG HOME OR OTHER INSTITUTION TADDRESS!	120 USUAL OCCUPATION THE OF WORK FOR MOST OF WORKING	HACKALARY
AND 212	100	13a. 3	MD. PROUD	OTHER INSTITUTION, GIVE RESIDENCE BEFORE TO THE PROPERTY OF TH	NN 13d INSIDE CITY LIMITS	411 TOYCE DI	e. S. w 21061
, MARYL	completely ond 2 sh	H	WARD B	3. PalyER	15. MOTHER'S MAIDEN	A MIDDE	LEE
LTIMORE	cion and cers. Pages, I.		NO	578 OI	5587 WITHER A.	PALMER JR. FE	cipably MD.
1 W. PRESTON ST., BA	hat the death certificat by the offending physi ase remove carbanpap i, cremation, ar remova ather traumatic event,		PART I. DEATH WAS CAUSE	Uly one couse per line for Io), Ib), of DBY:  TE CAUSE (a) Cardic  DUE TO, OR AS ACONSEQUE  (b)  DUE TO, OR AS A CONSEQUE  (c)  (c)	pulmonary a	rest - Pulmor a renal fai	APPONIMATE INTERVAL BETWEEN ONSET AND DEATH  CLEVE
RECORDS, 201	en signe Then pl ar to buri	TION	PART 2. OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE T	ERMINAL DISEASE OR CONDITION G	EVEN IN PART 110.
A	hysician. icote has be ransit permit Hygiene priicil8 shows on	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		IN CER	TIFYING CAUSES OF DEATH? YES NO NO
DIVISION OF VIT	HYSICIA ding pl is certif burial-t Mental	MEDICAL C	OR CONTRIBUTING CAUSE OF DEA LIF EITHER, NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED	P.M.  21e. PLACE OF INJURY	19 211. LOCATION		
DIVISI	or off or off se as the ealth or marke	¥	while NOT WHILE AT WORK AT WORK  228.1 certify that (1) (this haspit	IAT HOME, STREET, FACTORY, OFFICE tol) attended the deceased from	1-1 19 8	CITY OR TOWN	COUNTY STATE
•	OR ATTER he hospita DIRECTO oched for Dept. of b if hem 21		sow the deceased alive an above (11)(we) (did) (did not 17h SIGNATURE	t view the body ofter death.	DEGREE ATTENDIN PHYSICIAL	G MEDICAL STAFF	221. DATE SIGNED
	TO HOSPITAL retained by the TO FUNERAL should be det with the Store		Martin (	quervero:	3001 Sc	Hanover St.	Balti. MD
	BP	1	SURIAL CREMATION, REMOVAL	17 84 23c	HAME OF CHETERY OF CRIMATO	HUNAPOLIS	AA Mo
D	OHMH - 16 50M 4/82 (VRA 15, 4)	"LA	THE PURE PUNERA	L CHAPEL ADDRESS	NUAPOLE MD 130	JAN 0 9 1984	and Court

Mr. 137 CHY BELTINGER S WALTON GALLERY PARTS MERKEYMAY J.D. TAA CHALLOUR & HISTORE DESIGNATION HULED TO THINK THE SHIP TO BE THE FRANK NO STEELS OF THE HELD HE WARREDILL. FRIENDS FLORE See - 1918 St. THINKS wint hours

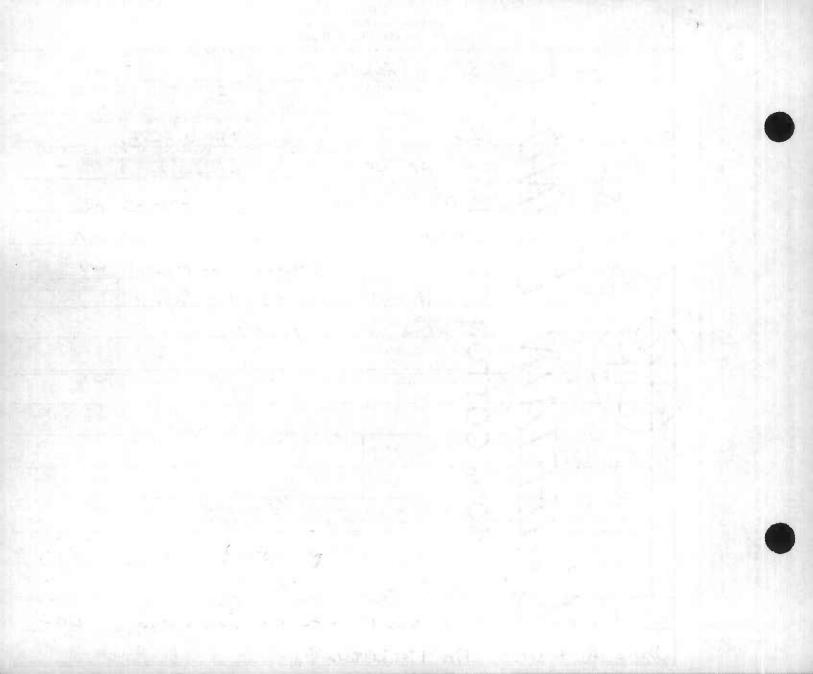
3	1 - FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REGISTRAR  STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE  CERTIFICATE OF DEATH  REG. NO.	
may be page 3 er death	1. DECEASED NAME PIRST MIDDLE PARTS IN DATE OF DEATH MONTH DAY (TYPE OR PRINT)  LP + 1721 A  Parest  Parest  1/14/84	12:40 M
ge 4 may ector, pag		CERTIFERS FUNDERSTHES
peral dire	70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF	DEATH  City MD.
by the fur	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	2b. KIND OF BUSINESS OR NDUSTRY
Filled in k	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 130. STATE 130. STATE 130. STREET ADDRESS 130. STREET ADDRESS 130. NO  130. OTTOWN 130. INSIDE CITY LIMITS? 130. STREET ADDRESS 2010 180. OTTOWN	2804
MARYIL ed with mpletely mad 2 sh	14. FATHER'S NAME  GIOVADOL  MIDDLE  MARIA DO  MANA  MIDDLE  MARIA  MOTHER'S MAIDEN NAME  FIRST  FRATH  FOLITA  O  MODE  TO  TO  TO  TO  TO  TO  TO  TO  TO  T	martella
e execute n and car Pages	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS STORY OF THE VES SIVE WAR OF DATEST OF THE VEST	as that ed
RECORDS, 201 W. PRESTON ST., BALla low requires that the death certificate ermit. Then please remove carbon paper e prior to burial, cremation, or removal.	PART I: DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if ony, which gave first to immediate could (a), stating the underlying course lost.  PART 2: OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATH 961 FOR THE TERMINAL DISEASE OR CONDITION GIVEN IN 199, DATE OF OPERATION 199, CONDITION FOR WHICH OPERATION WAS PERFORMED 120, AUTOPSY? 1206, IF YES, WE	N PART Fig.
4 5 20 5	190. DATE OF OPERATION 196 CONDITION OR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200. IF YES, WE IN CERTIFYING YES NO 210. ACCIDENT WAS UNDERLYING 210. TIME OF INJURY NO THE NEW PART 1	G CAUSES OF DEATH?
DIVISION OF VITAL NG PHYSICIAN: The otherding physicion fifter this certificate has on the buriol-transit p th and Mental Hygen orked or frem 18 stan	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAT TEAK  (IF EITHER, NOTIFY MEDICAL EXAMINER)  P.M. 19  214 INJURY OCCUPED. 216 PLACE OF INJURY	COUNTY STATE
ATTENDO spital ar CTOR: A for use of Heal	to the position of the degeosed from 19 and that in my (our) opinion death occurred on the date and hour one observed the light of the	d from the couses stated
TO HOSPITAL OR A retained by the hor crowned by the hor should be detached with the State Dept.	22d PHY MA'S NAME (TYPE OR PRINT)  WILL SOLLY  PHYSICIAN DIRECTOR PHYS	4,41.
BP	Entompment Tan 17 1004 Dulamon Walland	STATE YTHUC
DHMH - 16 50M 4/82 (VRA 15, 4)	24 FUNERAL DIRECTOR NAME Leonard J. Ruck Inc. Paltimens, Maryland	S SIGNATURE

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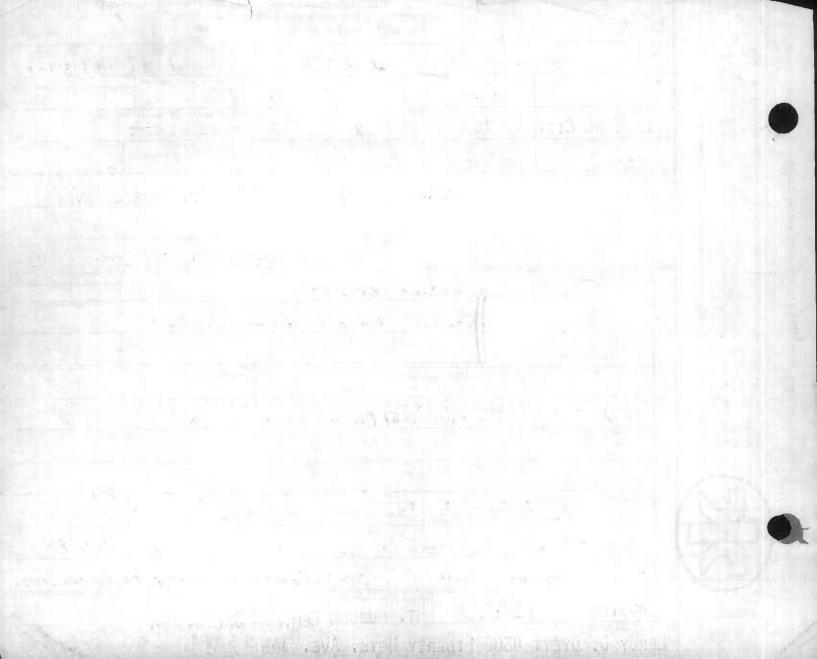
O TO	1.	FOR - STATE REGISTRAR		DEPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8	0 1 3	3 7 2
( b )	I. DE	CEASED NAME FIRST	WIDDLE	0	LAST	2a. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
6 65		Dora	1-1.		KER		1 18 84	791
ige 4 mc	3 SE	FE	1 RACE BLIC	S. DATE	and the first	6 AGE (IN YEARS LAST BIRT	MONTHS DAYS	
leoth. Po	0	IRTHPLACE (STATE OR FOREIGN COUNTRY)  ACCOUNT P1. ND	76. CITIZEN OF WHAT	COUNTRY? 8. MARRI	ED NEVER MARRIED	BALTO.	C. TU	MD.
offer o	10. C	BACTU.	11. NAME OF HOSPIT	AL, NURSING HOME Y, GIVE STREET ADDRESS)	OR OTHER INSTITUTION	(TYPE OF WORK FOR MOST OF	F WORKING LIFE) INDUSTRY	OF BUSINESS OR
24 hou	13a	AL RESIDENCE (IF NURSING HOME OF STATE HD 13b. COU	NTY 13c. CI	DENCE BEFORE ADMISSION TY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	UNAh AN	2216
MARYL and 2 and 2 and 3	14. F.	WILLIAM	MIDDLE A	LAST	15. MOTHER'S MAIDEN N	AME		AST
BALTIMORE, MARYLAND 2120 core be executed within 24 hours yascion and completely lifed in b opers. Pogl. ovol. it ihe medical minimum to be		WAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GP	RMED FORCES? 16b SC VE WAR OR DATES)	OCIAL SECURITY NO.	JAMES E. PACCE	ADDRE		21794
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., INC. PHYSICIAN. The law requires that the death certific a chending physician.  After this certificate has been signed by the attending phas the burial-transit permit. Then please remove corbonor than and Mental Hygiene prior to burial, cremotion, or remonthan a stocked or them 18 shows any injury, or ather traumotic even and the stocked or them 18 shows any injury, or ather traumotic even		18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE IMMEDIA  Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A	CONSEQUENCE OF	Expersolo E hype	ry Colla Stensia	DITION GIVEN IN PART	Ito:
AL RECORDS  The law requires  The law requires  The permit. The gene prior to gene pri	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION F	OR WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	DINGS USED ES OF DEATH?
IYSICIAN. The It ding physician. Is certificate has burial-transit per Mental Hygiene or frem 18 shows		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE.	ATH HOUR A.M. M	ONTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2)	
DING PHY: or offending After this se as the buding offending After this marked or mark	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJU (AT HOME, STREET, FACT	JRY ORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOV	wn county	STATE
TENDI Ital or TOR: A or use of Heal	b	22a. I certify that (I) (this hasp saw the deceased alive an abave, (I) (we) (did) (did no			nd that in (my) (aur) apinia	to REC	te and have and from the	, that (I) (we) last be causes stated
SPITAL OR AT A by the hosp NERAL DIRECT be detoched if e State Dept. or TANT: if hem 2		226. SIGNATURE	tougha	Peul,	ATTENDING PHYSICIAN	MEDICAL STAF	F /	ESIGNED 23-84
TO HOSPITAL TO FUNERAL should be det with the State		22d PHYSICIAN'S NAME (TYPE O	BAYKI	PLER	83/ Pop	Par Grow	est. Ha	Minos
BP	23a 1	BURIAL, CREMATION, REMOVAL BURIAL	1/23/8	A	LEMCCIAL PAR	CITY OF TOWN	COUNTY	MOSTATE
DHMH-16 30M 2/80 (VRA 15, 4)	1	INERAL DIRECTOR NAME A. MIN	Aton Di	ADDRESS	iurens St. JA	N 2 3 1984	Sh REGISTRAR'S SIGNA	JURE Shield



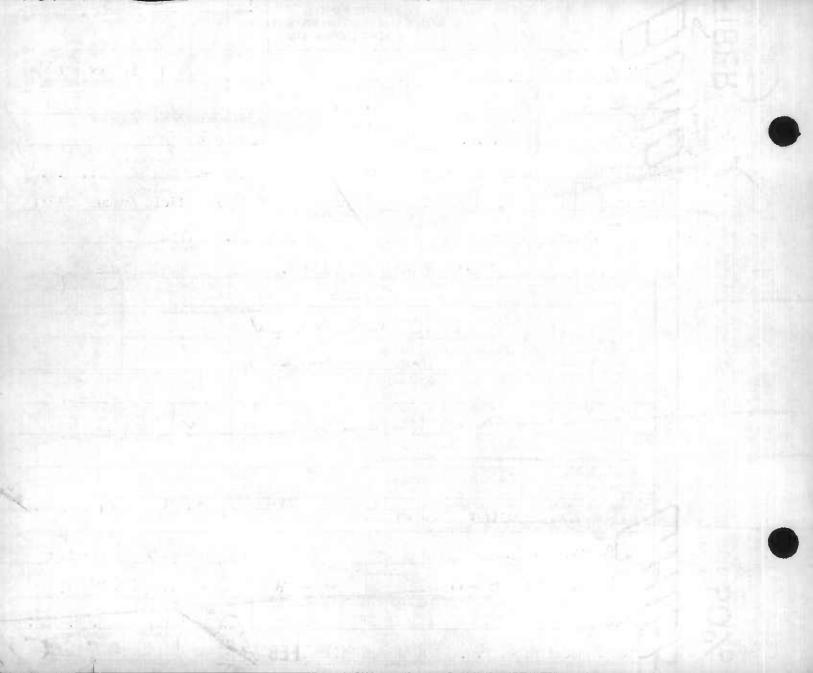
5.4	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	GIENE 8 G	0 1	373
- Contract   Contract		CEASED NAME OR PRINT)  GEORGE  GEORGE	M.  4. RACE	S. DATE C		6 AGE (IN YEARS LAST BIR	MONTH DAY  3 ( THDAY) IF UNDER	
		RTHPLACE ISTATE OR FOREIGN	Black 76 CITIZEN OF WHAT COUN	TRY? 8 MARRIE	27 3	70 9 BALTIMORE CITY O	YRS MONTHS	ATH MD
in by the tr	Usu	TY OR TOWN OF DEATH  BAILO.  AL RESIDENCE (IF NURSING HOME OR	11. NAME OF HOSPITAL, NL (IF NOT, IN SUCH FACILITY, GIVE S	HOSPIT	OR OTHER INSTITUTION	12a USUAL OCCUPATI (TYPE OF WORK FOR MOST C	ON 12b.	KIND OF BUSINESS OR USTRY
desky filled d 2 should b			MIDDLE LAST	417.	13d INSIDE CITY LIMITS? YES NO   15 MOTHER'S MAIDEN NA. FIRST	ME MIDDLE	1. North	Ave. 21216
Pogts I ass	16a V	John VAS DECEASED EVER IN U.S. ARI PES NOOR UNKNOWN] (IF YES, GIVI		ker SECURITY NO.	Bessie 17 INFORMANT Elsie T. P	ADDRE	SS	Decatur rth Avenue
ned by the offending physic please smaller action appearing, critical, criminalist event, for		18. CAUSE OF DEATH (Enter an PART I. DEATH WAS CAUSE)  Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT C	DUE TO, OR AS A CONS  (b)  DUE TO, OR AS A CONS  (c)	EOUENCE OF	HOLY ALLES			APPO MA LO
thos been significant permit. Then prior to b hows any injury	CERTIFICATION	19a date of operation	1%. CONDITION FOR WI		N WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, WERE IN CERTIFYING C YES []	FINDINGS USED AUSES OF DEATH? NO
er this certificate the buriol-transi and Mental Hyginked or Item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING ACAUSE OF DEA (IF EITHER NOTEY MEDICAL EXAMINER) 21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	TH HOUR A.M. MONTH	19	211 LOCATION STREET	RED (ENTER NATURE OF INJUI CITY OR TO		
IRECTOR: Afthed for use as ept. of Health lem 21 is mor	X	220-1 certify that (I) (this hospit saw the deceosed olive on, above, (I) (we) (did) (did not 22b. SIGNATURE	1131184	19, ar	d that in (my) (aur) opinion (	ta 31/death occurred an the do		, that (I) (we) last am the couses stated
should be defoct with the State D		228 PHYSICIAN'S NAME (149)	MD PRINT)		ATTENDING PHYSICIAN [	MEDICAL STAF		1/31/84
) # 3 <u>8</u>	(	urial, cremation, removal BURIAL	2/6/84	23c NAME OF C	EMETERY OR CREMATORY SOn Forest		/1	
- 16 50M 1/81 RA 15, 4)		n C ^{ME} March F/H	Inc. 1101 ADDR	E Nort	n Avenue	Brec'd. BY REGISTAR	PER ISTRAR'S	IGHATURE LANGE

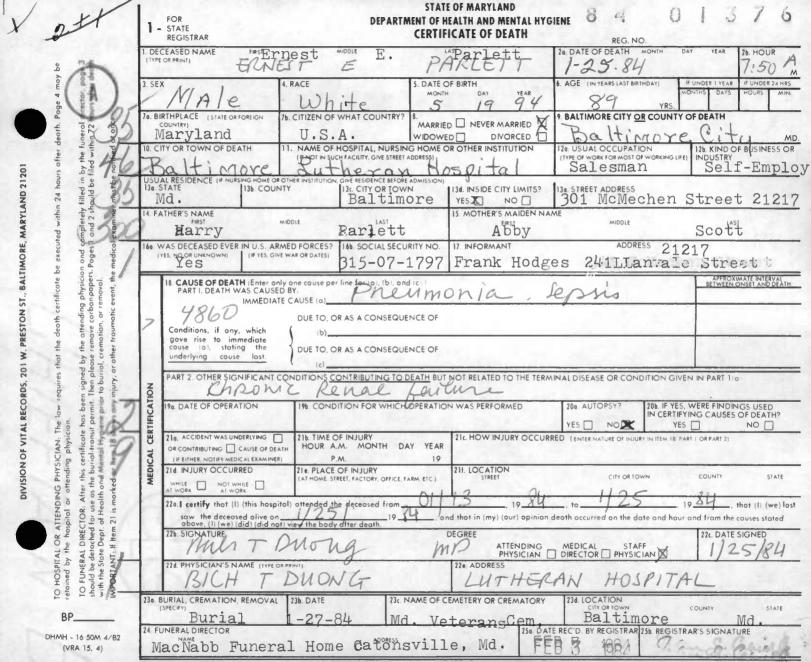
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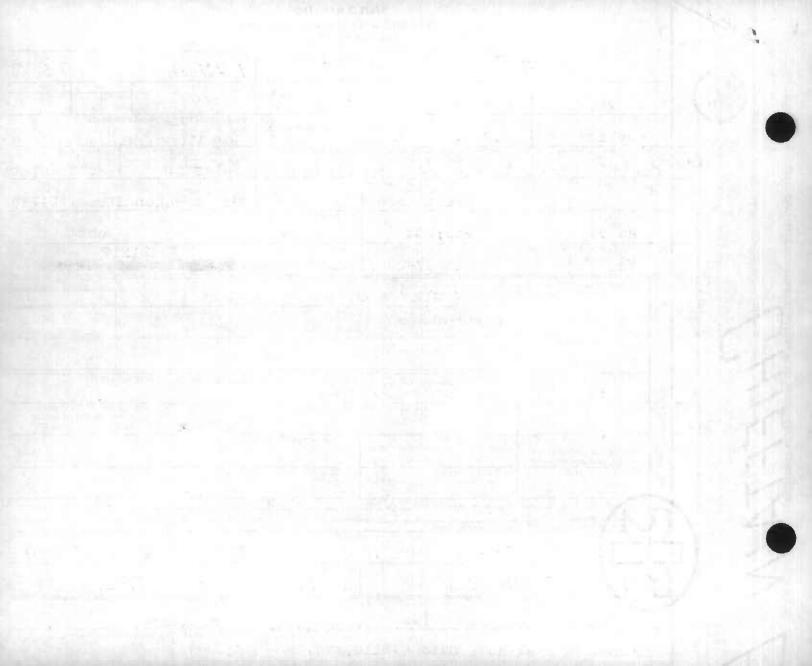
1	FOR		DEPARTA		E OF MARYLAND EALTH AND MENT	TAL HYGI	ENE 8 "	. 0	1 3	1 &
1	- STATE REGISTRAR		DEI ARTA		ICATE OF DEAT			G. NO.		
	DECEASED NAME FRST		MDDLE		AST		20. DATE OF DEAT		DAY YEAR	2b. HOUR
1	TYPE OR PRINT(	LEY		PARI	KER		1	1 19	1984	5:46 P
3.	SEX	4. RACE		3. DATE C	OF BIRTH		AGE IN YEARS LA		IF UNDER 1 YEAR	IF UNDER 24 HR
L	FEMALE	BLAC		5"	13	27	57	YRS.	MONTHS DAYS	HOURS MI
70	NEW YORK CITY	76. CITIZEN OF V	NHAT COUNTRY?	MARRIE WIDOWE	D NEVER MARR		9. BALTIMORE CI BALTIM	ORE CITY		
4	CITY OR TOWN OF DEATH BALTIMORE	(IF NOT IN SUCE	OSPITAL, NURSIN H FACILITY, GIVE STREET / TON MEMOJ	ADDRESS]	OR OTHER INSTITUT HOSPITAL	101	120. USUAL OCCU	PATION LOST OF WORKING LIFE		OF BUSINESS (
13	SUAL RESIDENCE (IF NURSING HOME O		BALTO		13d. INSIDE CITY LI	_	4109 °St	GEOR	GES AV	70 /E.
14	FATHER'S NAME PIRST	MIDDLE	LAST		15. MOTHER'S MA FIRST	IDEN NAA	AE MIDI	DLE	LAS	iT
16	WAS DECEASED EVER IN U.S. AF	RMED FORCES?	16b SOCIAL SECU	RITY NO.	17. INFORMANT	PAR		DDRESS	GEORGE	s Ave
NOIL V	gove rise to immediate cause (a), stating the underlying cause last  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION	CONDITIONS CO		DEATH BUT	NOT RELATED TO T		INAL DISEASE OR	20b. IF YES	, WERE FINDIN	NGS USED
	190 DATE OF OPERATION  1 - 18 - 1984  218. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DE	Acute 216. TIME O	Abdo WE	~81 R	21c. HOW INJURY	POCE DUR		FINIDRY IN ITEM 18 P.		NO []
APPOINT	(IF EITHER NOTIFY MEDICAL EXAMINE  21d. IN JURY OCCURREN  WHILE NOT WHILE AT WORK AT WORK	R) P./		19 ARM, ETC.)	21f. LOCATION STREET	56.	CITY	ORTOWN	COUNTY	STATE
	220 I certify that (I) (this hasp sow the deceased alive or above, (I) (we) (did) (did in	itob oftended the	deceased from 19 8	74	, 19 nd that in (my) (our)	opinion o	, toe leath accurred on t	he date and have		that (I) (we) couses stated
	22d. PHYSICIAN'S NAME (TYPE	Men Co			DEGREE ATTEN PHYS 1228. ADDRESS	NDING C	MEDICAL DIRECTOR P	STAFF IYSICIAN	1-19	184
		TOUM					1EMORIA		SALTIMO	RE, M
L	SPEBURIAL, CREMATION, REMOVAL	1/26/	184 M7	_ ^	BURN CF	М	23d. LOCATION CITY OR TOV	vn MD	COUNTY	STATE
24	LEROY O. DYET	т 4600	LIBERTY	/ HGT	s. Ave.	JAN		A     / A	RAR'S SIGNA	LA LA



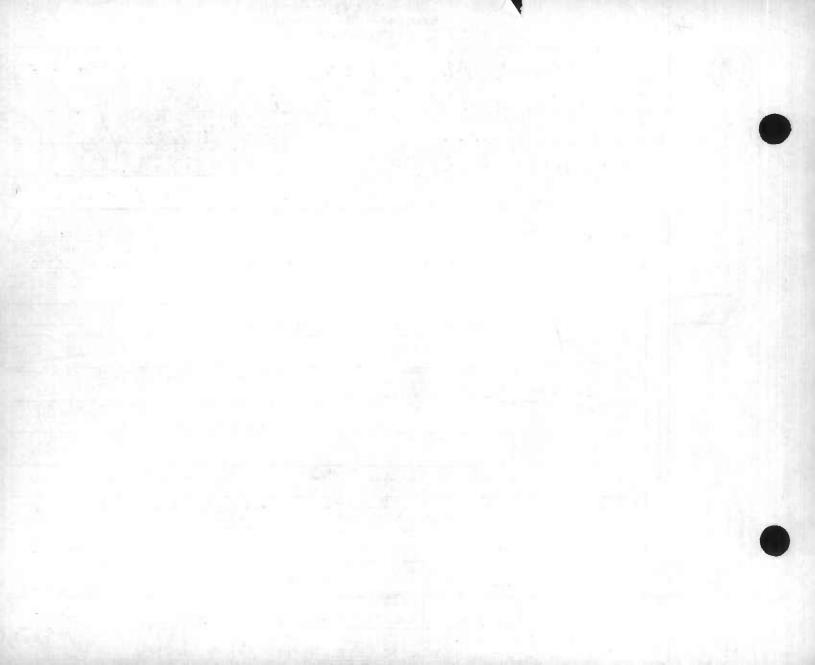
	1	1-	FOR STATE REGISTRAR	D	EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH		01375
1			CEASED NAME FIRST	WIDDLE		LAST	REG. No.	MONTH DAY YEAR 76 HOUR
( 3A 34		(TYPE	PARK JOHN	Tr.	PARKS			1 31 84 755pN
111 36		3 SEX		4 RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
a secto			Male	White	Oct	. 24, 1902 AR	81	YRS DATS HOURS MIN.
Poor dir	3/1/		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT CO	UNTRY? 8.	ED WEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF DEATH
deoth in 72	( 2)		Maryland	U.S.A.	WIDOW	ED DIVORCED	BALTIMORE	
fer dec	1//60	10 CI	TY OF TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G		OR OTHER INSTITUTION	12a USUAL OCCUPATI	
by the	87		LTIMORE	UNION MEMOR			Engineer	PA. R.R.
NG PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the characteristics of the conficulty of the organization of the conficulty of the organization of campletely filled in by as the burial-transit permit. Then please remove corban papers. Pages and 2 should be filled in by the burial-transit permit. Then please remove corban papers.	1	13a S	AL RESIDENCE (IF NURSING HOME OF ATATE 136 COU	NTY 13c CITY (	TIMORE	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS	ZIP CODE ield Avenue 21211
thin 24 the	2		THER'S NAME	Dal	TIMONE	15. MOTHER'S MAIDEN N.		Teld Aveilde 21211
nplete ond 2	ENV.		Thomas	Parks	LAST	FIRST Mar	MIDDLE HO	hn
Courte	9		Thomas VAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCI	AL SECURITY NO.	17 INFORMANT	ADDRE	
e execute ond c	medico	(,	res, no or unknown) (if yes, gi	VE WAR OR DATES) 717	07 6492	Edith M.	Parks	Same
sicion pers.	, <del>1</del>		18 CAUSE OF DEATH (Enter o	nly one couse per line for to				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physical physical paper	vent		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0) Resp	· Fr	Lne		
ding orbo	atic		4254	DUE TO, OR AS A CO	NSEQUENCE OF			
deat	, E		Conditions, if any, which	( (b) Ac	ute P.	elm Edema	A	
the the	her fr		gove rise to immediate cause (a), stating the	DUE TO, OR AS A CO			4.0	
that d by leose	or of		underlying couse lost.	107	STAGE	contrago	fly	
aures signe hen p		z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUT	NG TO DEATH BU	T NOT RELATED TO THE TER	MINA DISEASE OR CON	DITION GIVEN IN PART 110
red T. Th	lui kuo	150	19a DATE OF OPERATION	101 CONDITION FOR	WHICH OPERATION	ON WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED
n. os b	0 0	CERTIFICATION	THE DATE OF OPERATION	776 CONDINOISTOR	WINCHOFERAIN	SI WASTERI ORMED		IN CERTIFYING CAUSES OF DEATH?
The sicion of the house h	d 45	ERT	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY		21¢ HOW INJURY OCCU	RRED (ENTER NATURE OF INJU	
CIAN: physical	or Hem 18 sh		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR			
4YSICI ding g		MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	21e. PLACE OF INJURY	,	211 LOCATION	CITY OR TO	IWN COUNTY STATE
G PHYSICIAN: The ottending physicia per this certificate is the burial-transit	ked	×	WHILE NOT WHILE	(AT HOME, STREET, FACTOR	r, OFFICE, FARM, ETC )	STREET	CIII ORIC	WN COUNTY STATE
or off or off se as th	E DO E	43	27a.1 certify that (1) (this hosp	oital) attended the decease	d from 1 2	F 19 F	L , to	3 19 F4, that (I) (we) lost
TTEN pitol TOR for u	21.5		saw the deceased alive a above. (1) (we) (did) (did n	n (3) (5)	19 84 , c	and that in (my) (our) opinion	n death accurred on the d	ate and hour and from the couses stated
OR A DIREC	fer.		22b. SIGNATURE	0		DEGREE	MEDICAL STA	22c. DATE SIGNED
ral of the sal East	± = = = = = = = = = = = = = = = = = = =		(florithe 4	1 Hamman		ATTENDING PHYSICIAN	MEDICAL STA	
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TO HOSPITAL Oretoined by the TO FUNERAL D should be defected.	NPO V		blentry C	V Dunes		I Um H	Corle	T12 25 50 21
5 5 1 3	, 5		BURIAL, CREMATION, REMOVA			CEMETERY OR CREMATORY	CITY OR TOWN	COUNTY STATE
BP	-		Burial	2/3/84	Druid	Ridge Cemeter		lle, Balto.Co. Md.
DHMH ~ 16 50N		761	UNERAL DIRECTOR	II D. A.	DDRESS	The second second		25h REGISTRAR'S SIGNATURE
(VRA 15, 4	)		Burgee Funeral	Home. P.A.	Baltimon	e ZIZII FF	3 1984	- ways come







+	1.	FOR STATE REGISTRAR		DEP	ARTMENT OF H	EALTH AND MENTA		E & FEG. N	0.	1 3	11
(0)			ONO 4. RACE	M.	O DATE C			DATE OF DEATH	- Description	- 84	26 HOUR 2 P
r death. Page funeral direct itha 72 hours	M	RIHPLACE (STATE OR FOREIC DUNTRY) aryland TYOR TOWN OF DEATH	U.:	S.A.	MARRIE WIDOWE	D NEVER MARRIED DIVORCE	ED 🗓	PALTIMORE CITY O	Mes Ci	tu	MI F BUSINESS OR
d in by the	USU 13a	Butinole AL RESIDENCE (IF NURSING	(IF NOT IN \$UC	CH FACILITY, GIVES	SO TOSO TO	113d INSIDE CITY LIM	N	SIREFT ADDRESS.		INDUSTRY	
ad within 24 mpletely filled and 2 speed	_	aryland B  OTHER'S NAME FIRST  William	altimore MIDDLE	Dund Well	dalk	YES NO S  15 MOTHER'S MAID FIRST  Chris		7848 Kavan	agh Roa	not K	
rs. Pages Jo		VAS DECEASED EVER IN L (ES, NO OR UNKNOWN) (IF	YES, GIVE WAR OR DATES)	16b SOCIAL 216-03	SECURITY NO. 3-8932	Daniel J.			SS7848 Balto.	Kavana MD	gh Road 21222
quires that the death cei signed by the attending Then please remove carbs to burial, cremation, ar re nijury, ar ather traumatic is	7	Conditions, if any, what gave rise to immedicause (a), stating	ate the DUE TO, O ast (c)	R AS A CONS	equence of	NOT RELATED TO TH	HE TERMINA	AL DISEASE OR CON	DITION GIVEN	IN PART 10	21
iySICIAN: The law reding physician. is certificate has been buriol-transit permit. Mental Hygrene prior frem 18 shaws any in	CERTIFICATION	19a DATE OF OPERATION	ING 216. TIME C	OF INJURY	DAY YEAR	N WAS PERFORMED		200 AUTOPSY?  YES NOW  (ENTER NATURE OF INJU	20b. 1F YES, V IN CERTIFYIN YES (	NG CAUSES	NGS USED OF DEATH? NO
DING PHYSICIA or attending ph After this certifi e as the buriol-th alth and Mental marked of Item	MEDICAL	OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL EX  21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	AMINER) P.	OF INJURY REET, FACTORY, OF	19	211 LOCATION STREET		CITY OR TOV	WN	COUNTY	STATE
he hospital DiRECTOR: Toched for us Dopt: of Hem 21 is	3,	22a. I certify that (I) (thi saw the deceased a above, (I) (we) (did) 22b. SIGNATURE		^	19 <u>84</u> , a	nd that in (my) (aur) of DEGREE	DING A	MEDICAL STA	FF		
TO HOSPITAL retained by th TO FUNERAL should be deter with the State MAPORTANT: I		22d. PHYSICIAN'S NAME	nathers			Luthera	n A	ospull-	7	lin A	Line !
BP		Burial  Burial	1/9/8			vn Cemeter	A 1	Baltimore	е		yland
DHMH - 16 50M 1/76 (VR A 15 (4) )	24. F		da-Ruck, Ir se Avenue,			21222	JA DATE RE	N 1 0 198	A REGISTRA	KS SIGNAT	Caluel

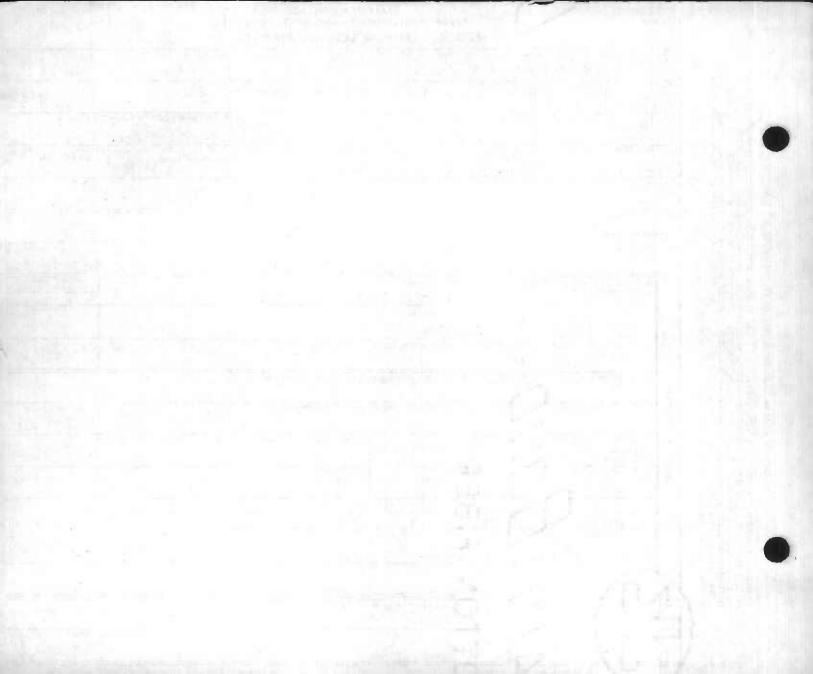


DIRECTOR. After this certificate has been signed by the attending physician and completely filled in by the funitional acked for use as the burial-transit permit. Then please remove carbon papers. Pages I and 2 should be filled within the part of Health and Mental Hygiene prior to burial, cremation, or removal.  If them 21 is marked or them 18 shows any injury, or after transmittered. The marked or them the shows any injury, or after transmittered in the confidence most be not field or within the confidence of	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 4	NO.	3	7 8
di .		CEASED NAME FIRST OR PRINT) I SAL	ORE	WIDDIE		TEKA	20 DATE OF DEATH	1-25	- 10011	1:45A
	3. SE)		4 RACE WHIT	Е	5. DATE C	I. 15 ^A , 19 ¹ 5	6. AGE (IN YEARS LAST	YRS.	ONTHS! DAYS	HOURS MIN
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non de la company de la compan	BA	TY OR TOWN OF DEATH LT IMORE	NORTH	CHARLES	EN. H	OSP.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		12b. KIND OF I	
	USU/ 13e. S	AL RESIDENCE (IF NURSING HOME) MARY LAND	BALTO.	BALTIM		134 INSIDE CITY LIMITS?	3421 BIR	SH HOLLO	OW RD.	#2120
and a second		THERS NAME ELI		PATEKA		15. MOTHER'S MAIDEN N.	WDOII		MOKRI	IN
Poges		VAS DECEASED EVER IN U.S. 183, HID DR UNINOWNI (# 173, NO	ARMED FORCEST GIVE WAR OR DATES	160-26-5		3421 B IRCH	MRS. ANNA ^O		. MD	21208
orior to bu	ATION	PART 2 OTHER SIGNIFICAN	NT CONDITIONS		DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	20b IF YES,	, WERE FINDING	
grene shaws	ERTIFIC	210. ACCIDENT WAS UNDERLYING		OF INJURY	44	21c. HOW INJURY OCCU	YES NO	YES	YING CAUSES O	NO [
A Mento	MEDICAL	OR CONTRIBUTING CAUSE OF  (IF EITHER, NOTIFY MEDICAL EXAM  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK	INER) 21e. PLAC	A.M. MONTH D P.M. E OF INJURY STREET, FACTORY, OFFICE I	AY YEAR  19  FARM ETC )	211. LOCATION STREET	CITY OF	NWOT	COUNTY	STATE
S e C	1	22e.1 certify that (I) (this had sow the decepsed alive above, (I) (we) (did) (did	Bn	1-25 19		- / 3 , 19 8 3 nd that in (my) (our) opinion	, to	- 2.5 dote and hour		suses stated
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should be det with the State		A	. Ve	nto		North C	lailes Hos	pital,	, Balle	now,
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16 50M 4/82 A 15, 4)		UNERAL DIRECTOR SOL				-   -   -   -	B 1 1984	John	O C	uf

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TOCKLASED NAME	DECLASED PLAME (MARRIAN)    DECLASED PLAME (MARRIAN)   Marian (MARRIAN)   PAUL   PAUL	1	item 14 FOR STATE REGISTRAR	. G590 4/		EPARTMENT OF	HEALTH	AARYLAND I AND MENTAL H CERTIFICATE O		e (	0	137	7
CAPTER OF BERTH   CAPTER OF	(MARRIAN)    SEX   CRACE   SDATE OF BRITH   SUA SECTION   STATE   STAT		DECEASED NAM	Į.	larian		TER 5		20. DAT	KNOWN		DAY YEAR	2b. F
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The Birthflace (STATOS)   The CTUZEN OF WHAT COUNTRY   The CONCORD COUNTRY OF DEATH   The CONCORD COUNTRY OF THE INSTITUTION   THE INSTITUTION COUNTRY OF THE INSTITUTION   THE INSTITUTION COUNTRY OF THE INSTITUTION   THE INSTITUTION COUNTRY OF TH	Maryland  U.S.A.  Maryland  U.S.A.  Marker D Drore D D				MONTH DAY	YEAR LAST BIRTHI	DAY) MONTE	DER 1 YR. IF UNDER	MIN PRONO	UNCED	MONTH  1		10
IDECTIVOR TOWN OF DEATH	ID. CITY OR TOWN OF DEATH		FOREIGN COUNTRY)								_		
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14 FATHER'S NAME   MEDIE   MEDIE   MEDIE   MEDIE   MEDIE   Paul     Valerie   Paul   Valerie   Paul   Valerie   Paul   Valerie   Paul   Valerie   Paul   Valerie   Paul   Valerie   Paul   Valerie   Paul   Valerie   Paul   Valerie   Paul   Valerie   Paul   Valerie   Paul   Valerie   Paul   Valerie   Paul   Valerie   Paul   Valerie	14 FATHER'S MANDEN NAME   MADUE   MA	13o.	UAL RESIDENCE STATE	136 COUNT	ROTHER INSTITUTION, GIV	13c. CITY OR TOWN	SION)	134. INSIDE CITY LIMITS?	13e STREET ADD	RESS			
NO NA Theodore Brown 1813 N. Chapel S  II. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)  PART I DEATH WAS CAUSED BY:  SOD 2 IMMEDIATE CAUSE (a)_ Small intestinal obstruction  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a) stofting the under- lying couse lost.  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART 1 (a).  PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO BEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITIONS CONTRIBUTED TO THE TERMINAL OISEASE OR C	NO DESCRIPTION OF THE PROPERTY OF THE STORM THE PART I ORDITION SERVER DATE OF THE PROPERTY OF THE PART I ORDITION	14.	FATHER'S NAMI	Michael al		Paul		15. MOTHER'S MAIDE Valeri	NAME	WIDDLE		LAST	
IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)   PART I DEATH WAS CAUSED BY:   SMADDIATE CAUSE (b)   Small intestinal obstruction   OUE TO, OR AS A CONSEQUENCE OF (b)   Volvulus     DUE TO, OR AS A CONSEQUENCE OF (c)     Lying couse lost. (c)   Conditions, if ony, which gove rise to immediate couse (a) stating the under-lying couse lost. (c)     PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART I to   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART I to   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART I to   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART I to   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL OISEASE OR CONDITION GIVEN IN PART I to   PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTION CONTR	11 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)   PART I DEATH WAS CAUSED BY:   MAREDIATE CAUSE (o)   Small intestinal obstruction   Marediate Cause (o)   Small intestinal obstruction   Structure on structure of management of the part of the p		(YES, NO, OR UNKNO				TY NO.		e Brown			Chapel	St
UNDERLYING OR ONTRIBUTING CAUSE OF DEATH  P.M.  19  210 PLACE OF INJURY (AT HOME STREET CITY OR TOWN COUNTY  WHILE AT WORK NOT WHILE AT WORK  220 I certify that I took charge of the remains described above, held an death resulted from:  Natural causes Accident , Suicide , Hamicide , Undetermined manner ,  TITLE (SPECIFY)  M.D. ASSISTANT MEDICAL EXAMINER  EXAMINER'S NAME AND M. DIXON, M.D.  ADDRESS 111 Penn St., Balto., Md. 21201  230 BURIAL, CREMATION, REMOVAL 235 DATE  1230 NAME OF CEMETERY OR CREMATORY [236 LOCATION]	UNDERLYING OR CAUSE OF DEATH  P.M. 19  21d INJURY OCCURRED WHILE NOT WHILE AT WORK  22e I certify that I took charge of the remains described above, held an Autopsy 1 Inspection Inspectio	rion	gove ri couse (o lying cou	ise to immediate ) stating the <u>under-</u> use last.  IGNIFICANT CONDITIONS C	DUE TO, OR (c)ONTRIBUTING TO DEATH 8	AS A CONSEQUENCE	MINAL OISEASI		RT 1 (a).				
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AT WORK AT WORK  22a   Certify that   Look charge of the remains described above, held on death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined monner . TITLE (SPECIFY)  ACTUAL SIGNATURE . DATE . SIGNED . 1–8–84  EXAMINER'S NAME AND M. DIXON, M.D. ADDRESS . 111 Penn St., Balto., Md. 21201  23a BURIAL, CREMATION, REMOVAL 23b DATE . 23c, NAME OF CEMETERY OR CREMATORY . [23d LOCATION]	AT WORK AT WORK  270   Certify that I took charge of the remains described above, held on death resulted fram: Natural causes A. Accident D. Suicide D. Hamicide D. Undetermined manner D. TITLE (SPECIFY)  M.D. ASSISTANT MEDICAL EXAMINER SIGNED 1-8-84  EXAMINER'S NAME AND M. DIXON, M.D.  ADDRESS 111 Penn St., Balto., Md. 21201  230 BURIAL, CREMATION, REMOVAL 236 DATE 1/12/84 Baltimore Cemetery Baltimore, COUNTY Md. 314  AUTHORITY DISTRIBUTION.		CONTRIBUTI	OR OR CAUSE OF D	HOUR A.M.	MONTH DAY YEA	AR		D LENTER NATURE OF	INJURY IN ITEM 18	PART I OR F	PART 2)	
deoth resulted from: Notural causes Accident, Suicide, Hamicide Undetermined manner,  TITLE (SPECIFY)  M.D. ASSISTANT MEDICAL EXAMINER SIGNED 1-8-84  EXAMINER'S NAME Ann M. Dixon, M.D.  ADDRESS 111 Penn St., Balto., Md. 21201  236. BURIAL, CREMATION, REMOVAL 23b. DATE	deoth resulted from: Natural causes A. Accident . Suicide . Hamicide . Undetermined manner .  TITLE (SPECIFY)  M.D. ASSISTANT MEDICAL EXAMINER SIGNED 1-8-84  EXAMINER'S NAME (TYPE OR PRINT) Ann M. Dixon, M.D.  ADDRESS 111 Penn St., Balto., Md. 21201  236. BURIAL, CREMATION, REMOVAL 235. DATE 1/12/84 Baltimore Cemetery Baltimore, COUNTY Md. 31.	ME	WHILE AT WORK	NOT WHILE C	STREET, FACTO	ORY, FARM, ETC.)	S	STREET	CITY OR	NWOI	C	OUNTY	\$1
(TYPE OR PRINT) Ann M. DIXON, M.D. ADDRESS III Penn St., Balto., Ma. 21201	[TYPE OR PRINT] Ann M. DIXON, M.D. ADDRESS III Penn St., Balto., Md. 21201  23a BURIAL, CREMATION, REMOVAL 23b DATE   23c. NAME OF CEMETERY OR CREMATORY   23d LOCATION   21201   23d L	7	deoth result	ed fram: Natur	T		uicide 🗌	, Homicide	Undetermined	manner ,			34
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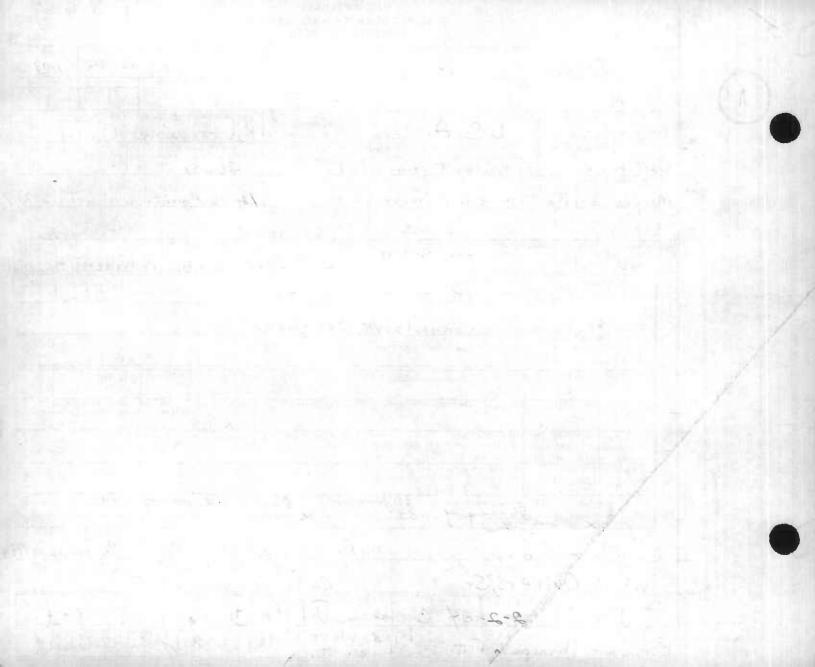


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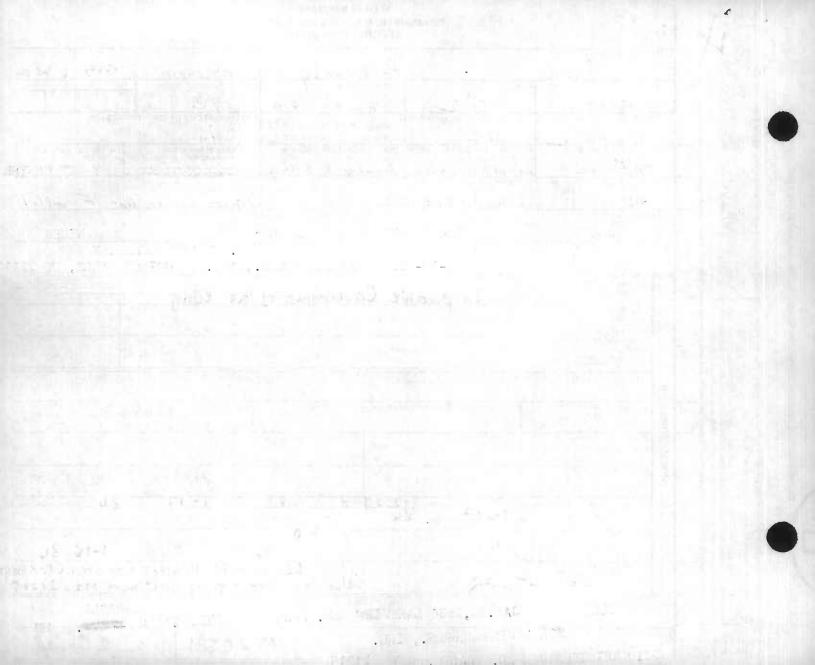
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4	REG	TE ISTRAR			ME	DICAL	EXAMI	NER'S	CERTIFICA	TE OF	DEATH	R	EG. NO.		, ,	
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	STATI		IF IN NURSING HO		R INSTITUTION, C	13c. CIT	Y OR TOWN		13d. INSIDE CITY I	LIMITS? 134	e. STREET A	DDRESS				
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14, 1	FATHE	R'S NAME FIRST		MIDD	LE.		LAST		15. MOTHER'S		NAME	MIDDLE			LAST	
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		DECEASED, OR UNKNO	EVER IN U.S.	ARMED FO		11111111	CIAL SECURI		17. INFORMA		M		DDRESS			
16a. \(\)	1	0	4 6			214	42 26	514	Alan	Rob	ert F	Payne	,	Balto	o., N	۸D
	18.	CAUSE OF	F DEATH (Enter												APPROXIMA BETWEEN ONS	SET AND DEATH
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	1	gave rise to immediate (b)														
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CERTIFICATION	190	DATE OF	OPERATION		196 COND	ITION FOR	WHICH OPE	RATION	VAS PERFORME	D?				2	O AUTOPS	Y?
TIFIC															YES 🗌	NO X
CER	210		L CAUSE WAS		216. TIME C		DAY YE		OW INJURY O	CCURRED	ENTER NATUR	E OF INJURY IN	ITEM 18 PA	ART I OR PART 2)		
		DERLYING	G ☐ CAUSE (	OF DEATH			1 DAT 167	"								
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X		WORK	NOT WHILE		STREET, FA	CTORY, FARM,	ETC.)		STREET		CUA	OR TOWN		COUNTY	V	STATE
TO FUNERAL DIRECTOR: PACATER DEATH, WITH THE STA				1.1		Lank.	1. ( )				7.				-1-1-	
	1	22a. I certify that Joak charge of the remains described abave, held an Autopsy . Inspection . Inquiry . Inquiry . , and in my opinio									ın					
	d	death resulted frame. Natural causes A cident														
	AC	ACTUAL ACTUAL TOWN THE (SPECIFY) ACCIDENT										1-16	-84			
, K	SK	SIGNATURE WELLOW MEDICAL EXAMINER SIGNED										SIGNED.	1 10	0.1		
1		AMINER'S		ennis	F. S	myth.	M.D.		ADDRESS	111	Penr	Stre	eet			
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1		rema			15/84		Gree				Bal	ťo.,		COUNTY	MD	STATE
74				-						DATE REC			b. REGIS	TRAR'S SIGN		Amount Appears
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Principal and Louis about a state -BEET STALL CENTRALY IN S AFRE SA TE Entern number Here I. Jandan Basen Son 12., 122

1		FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTA	AL HYGIENE 8	0 1 3 8 2						
9	1 -	STATE REGISTRAR	CERTIFICATE OF DEATH	REG. N	0						
	1. DEC	CEASED NAME FIRST	MIDDLE LAST	2a. DATE OF DEATH	MONTH DAY YEAR 26 HOUR						
e ω <del>ξ</del>		Joseph Joseph	A Payne		1 26 84 1103 M						
	3 SEX		RACE S DATE OF BIRTH	6. AGE (IN YEARS LAST BI							
( A & f)	/	M	MONTH DAY YEA		MONTHS DAYS HOURS MIN.						
- VI 13 111	In Q1	RTHPLACE (STATE OR FOREIGN 7)	CITY OF WHAT COUNTRY?	A BALTIMORE CITY (	OR COUNTY OF DEATH						
deoth hin 72		COUNTRY)	MARRIED NEVER MARRIE	DA	nore City MD.						
	10 C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION	120 USUAL OCCUPAT							
on the safter will be	13	altimore !	PROVIDENT HOS 21 TO	Stude	da da						
10 0 u u	USU	AL RESIDENCE HE NURSING HOME OF O	THER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)								
ND 24 h	M	aryland Ball	136 CITY OR TOWN 136. INSIDE CITY LIM TIMOTE Baltimore YES 10 NO		untmor Court 21217						
YE Ship YE	14 FA	THER'S NAME	, 15 MOTHER'S MAID	ENNAME							
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W.P. by the sse ref.		cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF								
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	Z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO TH	IE TERMINAL DISEASE OR COM	IDITION GIVEN IN PART TIO						
0 9 9 5	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED	20g AUTOPSY?	20b. IF YES, WERE FINDINGS USED						
REC low	FICA	DATE OF OPERATION	176. CONDITION FOR WHICH OPERATION WAS PERFORMED		IN CERTIFYING CAUSES OF DEATH?						
	RTI	71a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY 216 HOW INJURY C	YES NO DOCCURRED (ENTER NATURE OF INJ	YES NO						
7 % S O T 00//		OR CONTRIBUTING CAUSE OF DEATH	CONTRACTOR OF THE CONTRACTOR O	JCCORRED (ENTER NATURE OF IN)	DRY IN TEM 18 PART ( OK PART 2)						
SICIAN ng ph certific uriol-tr entol i	CA	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 19								
PHYSh tending the buring de the buring he	MEDICAL	21d. INJURY OCCURRED	210 PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR T	OWN COUNTY STATE						
NG NG the street of the orke		AT WORK AT WORK		7. is							
3 0 0 0 E		22a.1 certify that (1) (this hospita	all attended the deceased from 20 yanuary, 19_26 June 19 19 19 on that in (My) (M)	1	nuary, 19 8th , that (I) (we) last						
R ATTEN hospital RECTOR hed for u ept. of Hem 21 is		saw the deceased alive on above, (I) (%) (did) (did not)	view the body after death.	opinion death accurred on the c	date and hour and from the causes stated						
8 4 8 9 0 a		226. SIGNATURE	DEGREE ATTEND	DING . MEDICAL _ STA	22c. DATE SIGNED						
AL O AL DI detocl ote Do		Motherers.	PHYSIC								
HOSPITAL ined by the FUNERAL wild be det h the State		22d PHYSICIAN'S NAME (TYPE OR	PRINT) 22e ADDRESS 24	600 hiberty Ho	ghts Ave						
		W= W. Quiv	ers, Sr.   Balt	imore, Md. 1	21215						
of of y ₹	23a. 1	BURIAL, CREMATION, REMOVAL	236. DATE 23c. NAME OF CEMETERY OR CREMA	TORY 234 LOCATION	L COUNTY Trans						
BP		Burial	12-2-84 Bheltcham Vet.	(PM. Ahe Has	man county mail						
DHMH - 16 50M 4/B3	24 F	UNERAL DIRECTOR		250. DATE REC'D, BY REGISTRAL	REGISTRAR'S SIGNATURE						
(VRA 15, 4)	15	Drown - Thom	pern fitt. Baltimore st	JAN 3 0 1984	John & Cohneld						



Vic	1.	FOR STATE REGISTRAR		STATE OF MARYLAND NT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4	0 1	3 8 3
		CEASED NAME FIRST ORPRINT) JOSEPH	MIDDLE	Perhapsk.		MONTH DAY YEAR	26. HOUR 6:40 PM
ge 4 more ector. per ors offer d	3. SE		RACE White	DATE OF BIRTH MONTH DAY YEAR 7 - 4 1910	6 AGE (IN YEARS LAST BIR	MONINS DAY	AR IF UNDER 24 HRS.
uneral dir		RTHPLACE (STATEORFOREIGN 7 COUNTRY) BALLIMONG	116	MARRIED MEVER MARRIED DIVORCED	CH4	R COUNTY OF DEATH	MD.
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filled in hould be	13a S		Y 13c. CITY OR TOWN	LLS YES X NO		ile. Apt +	- 21117
and 2 s	14. F/	THER'S NAME FIRST  JACOB	PECHERSK	FIRST	CA		WINER
Poges 1		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)			OWINGS MILI	
signed by the attending hen please remove corbor to burial, cremation, or ret ijury, ar ather traumatic ev	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last.  PART 2 OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUENCE  (b)  DUE TO, OR AS A CONSEQUENCE  (c)	CE OF	,	DITION GIVEN IN PART	1ro
Dws gny ii	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH OF	PERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINE IN CERTIFYING CAUS YES T	DINGS USED LES OF DEATH?
d Mental Hygi	MEDICAL CER	710. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 718. INJURY OCCURRED	P.M. 218 PLACE OF INJURY	YEAR 19 211 LOCATION			STATE
for use as the of Health an 21 is marked	2	WHIE ATWORK ATWORK  270.1 certify that (1) (this hospital saw the deceased alive an above, (1) (we) (did) (did not)	ol) attended the deceased from	2-27 87 19 85	n death occurred on the de	19.8 Lead to the and from 11	, that (1) (we) last he causes stated
RAL DIREC detached tate Dept NT: If Hem		22b. SIGNATURE	N.		DIRECTOR PHYSIC	IAN   1-1	18-84.
TO FUNERAL should be det with the State		SET H	TWAR	Beliver dere + (	reenspring i	rew Geriat lattimore M	ric Ctie Hosp
P	23a I	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	JAN. 20, 1984 LAK	ME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF SQUELY ACRET (MY STREET ADDRESS)  IN CALL HOSPITAL NURSING HOME OR OTHER INSTITUTION OF SQUELY ACRET (MY STREET ADDRESS)  IN CALL HOSPITAL NURSING HOME OR OTHER INSTITUTION OF SQUELY ADDRESS OR WORKING LEFT (MY STREET ADDRESS)  IN CALL HOSPITAL NURSING HOME ADMISSION)  IN CONTRIBUTION OF RESIDENCE OF (MY STREET ADDRESS)  PECHERSKY  REBECCA  IN INFORMANT  REBECCA  WINER  MINUSE  17 INFORMANT  MRS. TILLTHESSPECHERSKY  APPROXIMATE (MY STREET ADDRESS)  PECHERSKY  REBECCA  WINER  MINUSE  M			
H - 16 50M 4/82		UNERAL DIRECTOR SOL	LEVINSONGBROS., 1	NC. 25a D	ATE REC'D. BY REGISTRAR	25 A GISTRAR'S SIGN	shell



1		1 -	FOR STATE REGISTRAR		DEPARTN	NENT OF H	E OF MARYLAND LEALTH AND MENTAL HYG ICATE OF DEATH	GIENE REG. NO	0 1	5	3 4
(28)			CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR	Apt G 21  WATE INTERVAL INSET AND DEATH  GGS USED OF DEATH? NO  STATE  who (I) (we) lost couses stored SIGNED 2- FU
TAN		A CE)	HEN	A RACE	J.		LICOT,	6. AGE (IN YEARS LAST BIRT	THDAY) IE	UNDER I YEAR	IF UNDER 24 HRS
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eath. Page nerol direct	35		RTHPLACE (STATE OR FOREIGN OUNTRY) Baltimore, Md		WHAT COUNTRY?	8 MARRIE WIDOWI	D NEVER MARRIED	9 BALTIMORE CITY O	rcounty of ore Cit		MD.
by the fu	Plantied Partied		ry or town of death Baltimore		HOSPITAL, NURSIN		Hospital	120. USUAL OCCUPATION OF THE CHANGE		126. KIND OF	BUSINESS OR
24 hau filled in auld be	mustbe	USU/ 13a. S	TATE 136 C	ME OR OTHER INSTITUTION OUNTY	Baltimo	ADMISSION) N <b>r</b> e	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	Broadw	vay 212	231
uted within campletely 1 and 2 sh	exoraina	14. FA	THER'S NAME FIRST John F. P	ellicot	[AST		is mother's maiden na	MIDDIN		LAST	
n ond co	medica		VAS DECEASED EVER IN U.S	ARMED FORCES?	217 09 8		John F. Pell		sowning		
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ne low ree on. has been permit. T	ows ony in	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V IN CERTIFYIN	WERE FINDIN	OF DEATH?
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offending offending ter this c	marked ar Item	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	LAT HOME ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC )	21f. LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
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DHMH - 16 50M	/82	ZA FI	NEW PRESIDENCE	mingly	The Labour	074	25a DAT	TE REC'D. BY REGISTRAR	25b. RESISTRA	R'S SIGNATU	SF · A

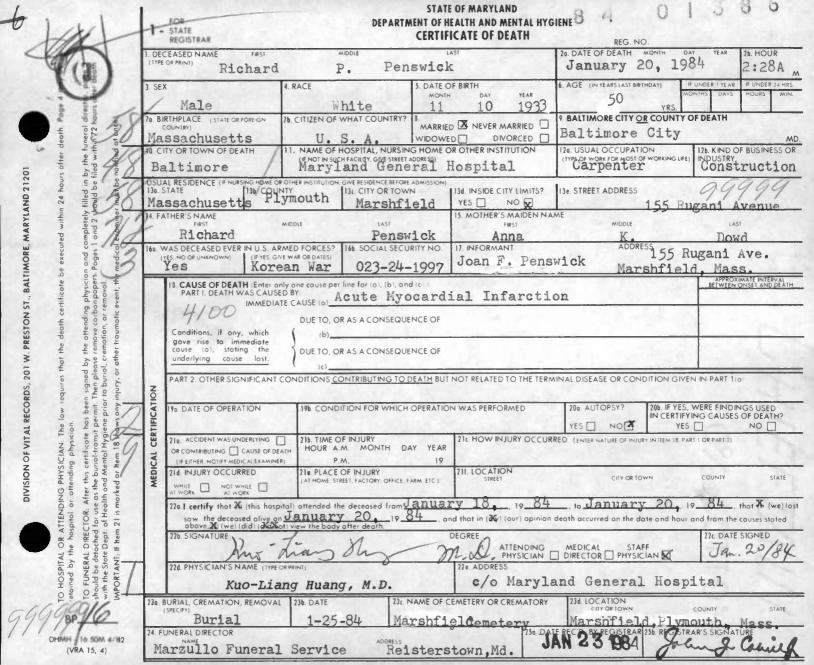
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The BRITHPIACE INTERESTINATION OF DEATH  IN BRITHPIACE INTERESTINATION  IN CITY OR TOWN OF DEATH  IN NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  IN USUAL OCCUPATION  IN ESTREET ADDRESS  ROUGH  IN STREET ADDRESS  ROUGH  IN MODIL SET IN USUAL OCCUPATION	(IR)		REG. NO.  CEASED NAME  PIRST  ANDUE	
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12 CAUSE OF DEATH LETTER ONLY ONE COURSE PART LIBERT ONLY ONE COURSE PART LIBERT ONLY ONE COURSE PART LIBERT ONLY ONE CAUSE BY A COURSE OF DEATH LIBERT ONLY ONE CAUSE BY A COURSE OF DEATH LIBERT ONLY ON THE COURSE OF DEATH LIBERT ON THE COURSE OF DEATH LIBERT ONLY ON THE COURSE OF DEATH LIBERT ONLY ON THE COURSE OF DEATH LIBERT ON THE COURSE OF THE COUR	and complete		FIRST MIDDLE EAMER FIRST MIDDLE  WAS DECEASED EVER IN U.S. ARMED FORCES? 1166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	MILLER Wland 21001
CONTY STATE OF DEATH	hat the death certificate by the ottending physicals case remove carbon paper.  I. cremotion, or removal other troumatic event, 1		18 CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c).  PART I. DEATH WAS CAUSED BY:  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gove rise to immediate couse (a), stating the  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
OR CONTRIBUTING CAUSE OF DEATH	low require is been sign ermit. Then to but sony injury,	TIFICATION	Carchona of Bladder  190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 1706. IF YES, INCERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
A WORK  A WOR  A WORK	PHYSICIAN: TI tending physici treside physici		216. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH   HOUR A.M. MONTH DAY YEAR   LIFETHER, NOTIFY MEDICAL EXAMINER)   P.M. 19   216 INJURY OCCURRED   218. PLACE OF INJURY   (AT HOME STREET, FACTORY OFFICE FARM, ETC.)   STREET   CITY OR TOWN	RT I OR PART 2)
220 ADDRESS  Walter Morgan III mp 1220 ADDRESS  Wyman Park Hospital  230 BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN COUNTY ST	OR ATTENDING he hospital or o DIRECTOR: Afte oched for use as Dept. of Health If Item 21 is mort		220.1 certify that (1) (this hospital) attended the deceased from Nov. 7.7, 19.05, to Taw 20.16 sow the deceased glive on Taw 20.19.84, and that in (my) (our) opinion death occurred on the date and hour obove, (1) (we) (did) (did not) view the body after death.  DEGREE  ATTENDING MEDICAL STAFF	and from the couses stated
[SPECIFY]	TO HOSPITAL retained by to TO FUNERAL should be det with the Store IMPORTANT:	220 5	PHYSICIAN DIRECTOR PHYSICIAN W  272d PHYSICIAN'S NAME (TYPE OR PR. 1)  Walter Morgan II up  Wyman Park Hospital	1,100184
DHMH-16 50M 1/81 (VRA 15, 4)  24 FUNERAL DIRECTOR ADDRESS ADDR			Buria 01 384 Arlington National Arlington Arli	gton Virginia

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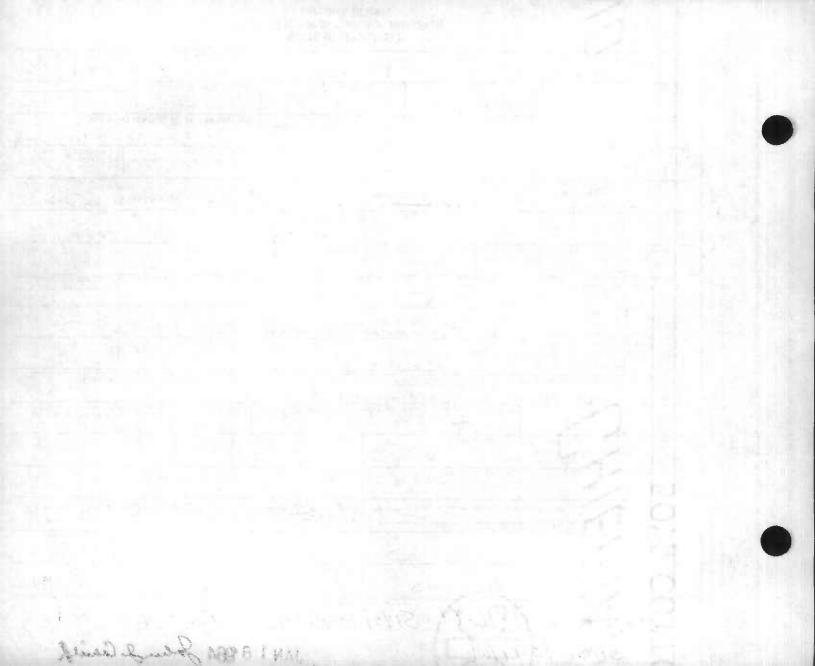
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STATE OF MARYLAND

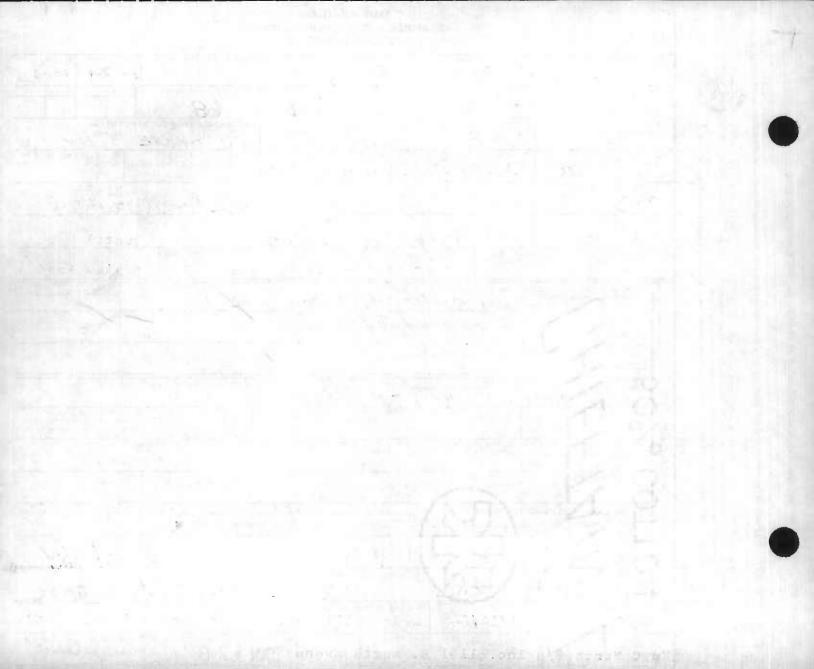
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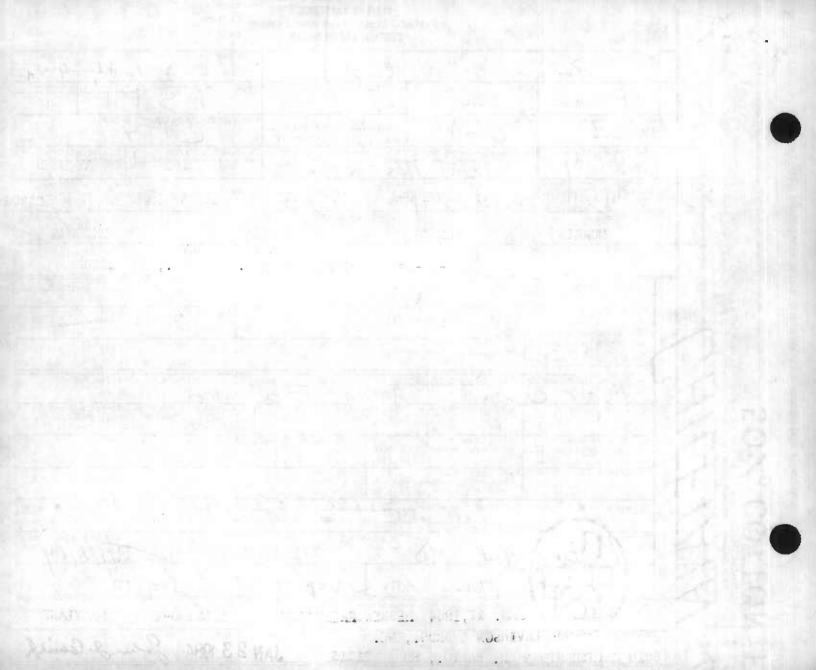
	1-	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYS CERTIFICATE OF DEATH	GIENEO A D	1 3 4 0
noy be poge 3 r deoth	(TYPE	CEASED NAME FIRST OR PRINT) Baby Boy	"BII MIDDLE	Perry	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR  9 84 65 PM  IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 mc ector, p	3. SE	Male	Black	5. DATE OF BIRTH  MONTH  DAY  YEAR  9  9  9	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
metal dir	0	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED VIONECED DIVORCED	Baltimore city or coun	C /
ofter d	10	altimore	(IF NOT IN SUCH FACILITY, GIVE STRI	SING HOME OR OTHER INSTITUTION EET ADDRESS)  HOS DITAL	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
ND 2120	JSU/ J30. S	AL RESIDENCE (IF NURSING HOME OR TATE DE COUN	OTHER INSTITUTION, GIVE RESIDENCE BEF	ORE ADMISSION)  WITH A 13d. INSIDE CITY LIMITS?  YES NO	130. STREET ADDRESS Decut	torst by Wash DC
MARYLAND  The condition of the condition		THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA Betty	AME MIDDLE	Perr
wore, nond con cond con hedical of		VAS DECEASED EVER IN U.S. AR.	MED FORCES? 166 SOCIAL SE		ADDRESS	7
Tw. PRESTON ST., BA that the death certification by the attending physical by the attending physical connection of the attending of the attend		PART I. DEATH WAS CAUSE	DUE TO, OR AS A CONSECTION OF TO, OR AS A CO	ac arrest puence of eventrician Hemm	ior hage	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
RECORDS, 20  a fow requires the season signed permit. Then ple many price to buring the season state of the ple many on the ple many of the pl	CERTIFICATION	11 1.	emia m	O DEATH BUT NOT RELATED TO THE TER.  P FA 60/10 A CIDOS  CH OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED YIFYING CAUSES OF DEATH? YES NO
OF VITAL  OF VIT	170	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH		RRED (ENTER NATURE OF INJURY IN ITEM	
DIVISION OF PHYSICIA attending plays the central as the burnel th and Mental acked or flem	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
ATTENDIN ripital or CTOR. Al for use a 1, of Health	9	saw the deceased alive on	tal) ottended the deceased fram		n death occurred on the date and	that (i) (we) lost hour and from the couses stoted
of he ho	1	22b. SIGNATURE	VO 1	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22. DATE SIGNED
TO HOSPITA TO FUNE Should be should be with the State		228. PHYSICIAN'S NAME (TYPE O	Control of the contro	220 ADDRESS	ospital, Bu	Itimore, Md.
999999	23a. l	BURIAL, CREMATION, REMOVAL (SPECIFY) CREMATION	23b. DATE 23b. 1-11-84 23	SINAI HOSPITAL	23d. LOCATION CITY OF TOWN + 1 M	ore, Md STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	UNERAL DIRECTOR - NAME SINAI H	spital ADDRES		TE REC'D. BY REGISTRAR 25b. REC	SISTRAR'S SIGNATURE



(VRA 15, 4)

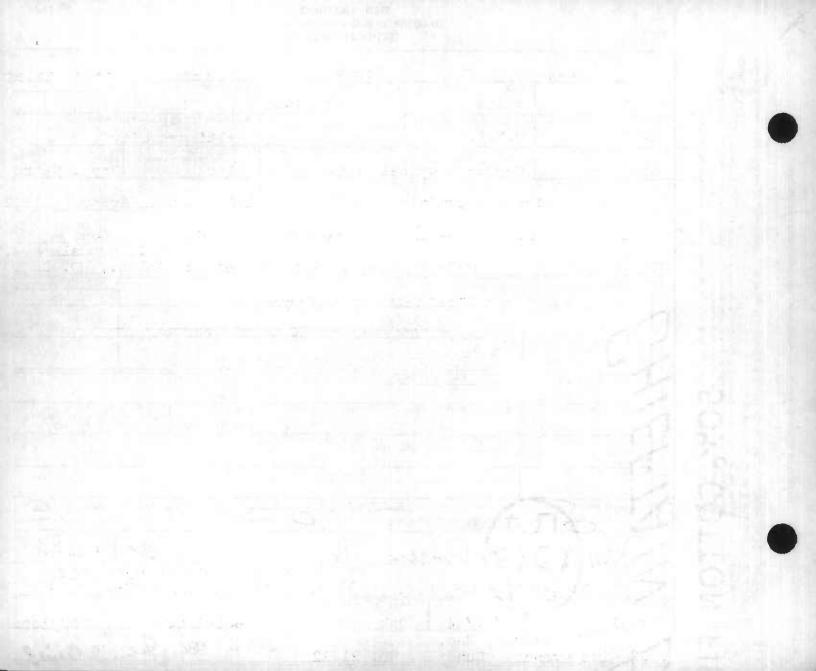


1 0	STATE OF MARYLAND  DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8	7 6.
1	1 - STATE REGISTRAR CERTIFICATE OF DEATH REG. NO.	
(,B)	1. DECEASED NAME PIRST MIDDLE PLAST 20 DATE OF DEATH MONTH DAY YEAR SKY	26. HOUR
ge 4 mg	3. SEX  EMALE  4. RACE  WHITE  5. DATE OF BIRTH  MONTH  DA  YEAR  6. AGE (IN YEARS LAST BIRTHDAY)  MONTHS  DA  MONTHS  DA  FUNDER 1	EAR IF UNDER 24 HRS
oth. Pog	76. BIRTHPLACE (SPEN OF FOREIGN TO CITIZEN OF WHAT COUNTRY? 8. MARRIED XX NEVER MARRIED TO DIVORCED TO DIVORCED TO THE PROPERTY OF DEATH WIDOWED TO DIVORCED TO THE PROPERTY OF THE PROPERTY O	
offer de	10. CIMOR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 1210 KIN	D OF BUSINESS OR AT HOME
MARYLAND 2120 ed within 24 hours ont 2 to July 11	USUAL RESOURCE IN MURSAC MOME OR CHARLE MATTER SALE AND THE BEFORE ADMISSION IN SIDE CHT LIMITED 130. STREET ADDRESS STATE	Ne 22/208
d within d within	IS MOTHER'S MAIDEN NAME	KNOWN
BALTIMORE, M. cate be executed spers. Pages, val. val. 1, the medical	The WAS DECEASED EVER IN U.S. ARMED FORCES? THE SOCIAL SECURITY NO. 17 INFORMANT DAVID PETASKOPESS 3209 SMITH AVE. BALTO., MD 212	
The phy if		ROXIMATE INTERVAL EEN ONSET AND DEATH
PRESTON SI	4360  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which (1b)	
W. by the	gove rise to immediate cause (a), stating the underlying cause last.  DUE TO, OR AS A CONSEQUENCE OF	
20 nee	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	110
he law r on. has bee t permit. ene pria	TO SOLICATION  190 DATE OF OPERATION  190 DAT	DINGS USED SES OF DEATH? NO
ON OF VITA  IYSICIAN: Ti ding physici ss certificate buriol-transi Mental Hygi	ON CONTRIBUTION CONTRIBUTION OF DEAST HOUR A.M. MONTH DAY YEAR	2)
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TENDI that as OR: A arruse f Heal	220.1 certify that (this hospital) attended the deceased from 226, 1982, to 169, 199, 199, and that in (500) (aur) apinion death accurred on the date and hour and from the date and hour and da	_, that R (we) last the causes stated
the him toche be Dep	the account of the companion of the comp	LIFY
TO HOSPITAL retained by th TO FUNERAL with the State	1220 ADDRESS WAR PAUL MO SINAN HOSE of Bally	4.1
PP	236. BURIAL CREMATION, REMOVAL JAN. 17,1984 HEBREW FRIENDSHIP BALTIMORE	ARYLAND ^{NTE}
DHMH - 16 50M 4/82	24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC.  ADDRESS., INC.  ADDRESS ADDRES	NATURE .
(VRA 15, 4)	6010 REISTERSTOWN RD. BALTO. MD 21215 JAN 23 1984 John 9	- Army

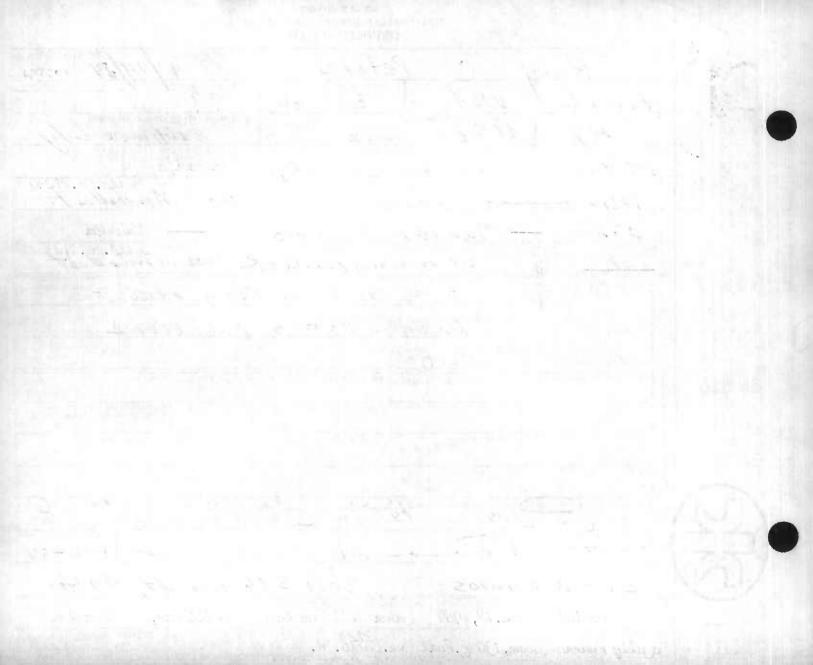


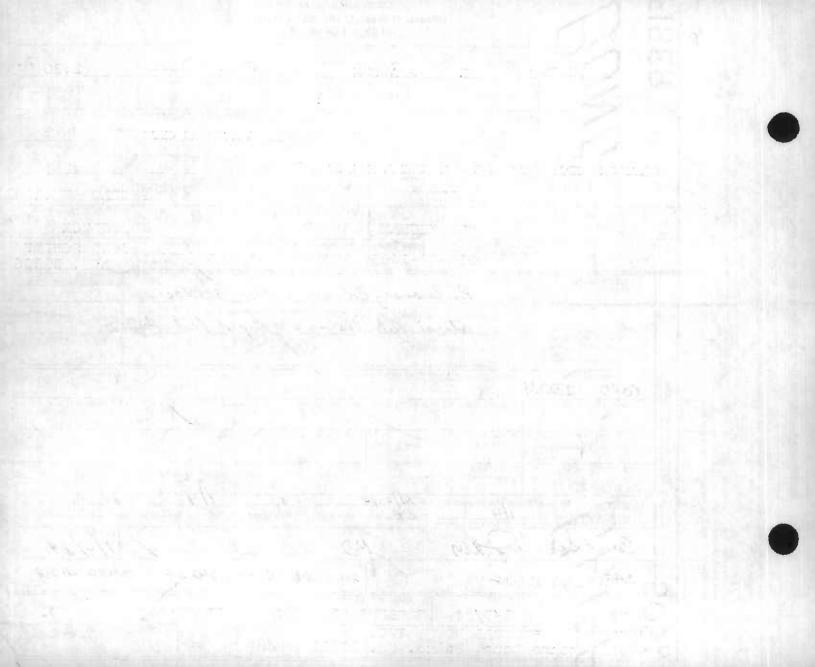
	1.	FOR STATE REGISTRAR		DEPARTMENT OF	E OF MARYLAND BEALTH AND MENTAL H FICATE OF DEATH	YGIENE REG. NO	0   3	7 3
( n )		CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
4 DC 5	(1176	MARY	Α.	Pe	eters	TANIIARV	2/ 198/	11.25
	3. SE		4. RACE	S. DATE		6. AGE IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR	IF UNDER 24 HRS
a of	Fe	male	White	9	25 190	1 82		HOURS MIN.
T 43 01	7a. BII	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8.	a C NEVER MARRIED [	9. BALTIMORE CITY O	R COUNTY OF DEATH	
1 2 2 2 C	Ma	ryland	U.S.A.			Baltimon	ce City	MD.
ofter d	1		(IF NOT IN SUCH FACILITY,	GIVE STREET ADDRESS)		(TYPE OF WORK FOR MOST O	F WORKING LIFE) INDUSTRY	
			R OTHER INSTITUTION, GIVE RESID	ENCE BEFORE ADMISSION)			Depe	Deore
fille ould					YES NO	1915 Dunc	dalk Avenue	e 21222
20 4//	1	FIRST	MIDDLE	LAST	15. MOTHER'S MAIDEN		AST BIRTHDAY)  IF UNDERTYRAR  BY 24  AST BIRTHDAY)  IF UNDERTYRAR  WONTHS DAYS  MONTHS DAYS  MIN.  MIN.  MONTHS DAYS  MIN.  MIN.  MIN.  MONTHS DAYS  MIN.  MIN.  MIN.  MIN.  MONTHS DAYS  MIN.  MIN.	
ond ond	Wi	lliam		_	Bertha	Μ.		
dico de co				CIAL SECURITY NO.	17. INFORMANT	ADDRE	581915 Dunda	alk Ave.
ou EX	NO		212	-09-9184	M.Elizabe	th Knight-		
ed by the please rer riol, crem or other	N	gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CO	ONSEQUENCE OF PECTED [	IABETES ME	LLITUS		
s been prior prior	IFICATION	190 DATE OF OPERATION	196. CONDITION FO	R WHICH OPERATIO	ON WAS PERFORMED	200 AUTOPSY?	IN CERTIFYING CAUSES	OF DEATH?
physicic printicote ol-tronsit ntol Hygie m 18 sho	_	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCC			
	MEDIC	21d. INJURY OCCURRED	210. PLACE OF INJUR	RY	211. LOCATION STREET	CITY OR TO	wn COUNTY	STATE
Portol TOR: for us of He 21 is					DV 18 19 our opinion of that in (my) our opinion	4—, to JANUAR on death occurred on the de	Y 24 19 84 of the and hour and from the	that (I) we st causes stated
by the house searched on the house of detoched State Dept. INT: If them		THE SIGNATURE REPORTED TO THE PROPERTY OF THE	Jankolos	new	PHYSICIAN	DIRECTOR PHYSIC	FIAN 2 1/2	4/84
HOSE ouned ould be the the	15			M.D.	CHU			
0 € 0 € ¥ ₹	23o. B	URIAL CREMATION, REMOVA				Y 23d LOCATION		
Female  White  9 25 1901 82 yas  10 80 RITHAGE (SIAL OF LORGED WHAT COUNTRY)  10 80 RITHAGE (SIAL OF LORGED WAS COUNTRY)  10 80 RITHAGE SIAL OF LORGED WAS COUNTRY OF DEATH  11 8 CITY OR TOWN OF DEATH  11 8 LING OF HOSPITAL , NURSING HOME OR OTHER NISTBUTION  12 8 LINK OF COUNTRY OF DEATH  13 8 LITHAGE ADMISSORY  14 8 LITHAGE ADMISSORY  14 8 LITHAGE ADMISSORY  15 8 LITHAGE ADMISSORY  16 8 LITHAGE ADMISSORY  16 8 LITHAGE ADMISSORY  17 8 LITHAGE ADMISSORY  18 8 LITHAGE ADMISSO								
HMH = 16 50M 4/82	24. FL	INERAL DIRECTOR Duda-	-Ruck, Inc	<b>A</b> LDDBEES		ALE REC'S BY PEGISTRAR	256. REGISTRAR'S SIGNAT	URE
	79	22 Wise Aver	nue Dunda	alk. MD.	21222	MIN 4 1 1984	John &	Carried :

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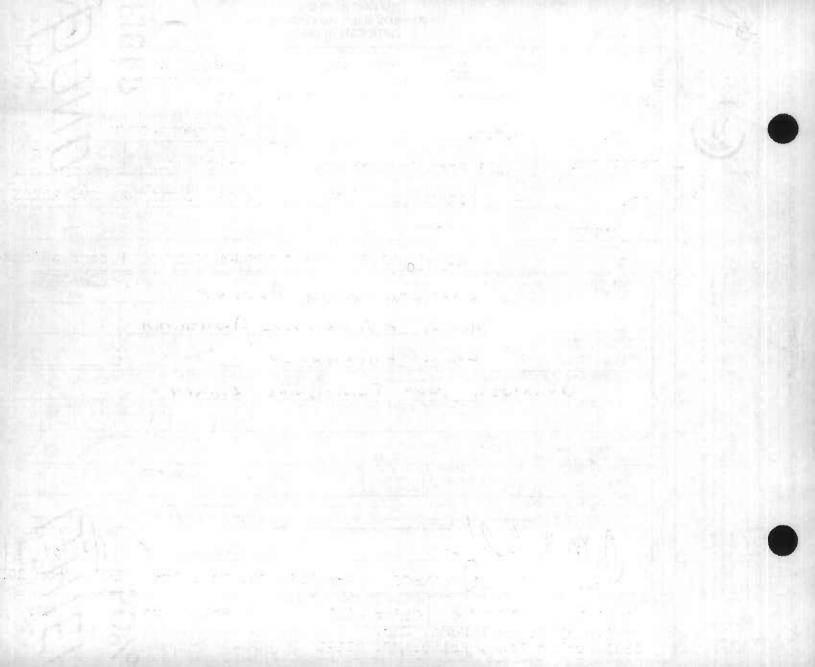


1	1-	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 8 4 0	1 5 7 4
THE X		CASED NAME Rube	MIDDLE	Pefels	20. DATE OF DEATH	14/84 10:50AM
_ WIII	1.SE	Female 1	White	S. DATE OF BIRTH  MONTH 6 ZZ 64	6. AGE (IN YEARS LAST BIRTY AT)	HONTHS DAYS HOURS MAN
death. Pe		RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF WHAT COUNTRY?	8 MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☑ DIVORCED ☐		nove lify MD.
201 is after by the filled with	L	bely more	South BAH	so Bly Hopp	TYPE OF WORK FOR MOST OF WORKING	
AND 21:	13a. S	TATE MAD 136 GOUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	More YES NO [	13e STREET ADDRESS	Balto. Md. 21230
ompletely shall sh		John -	MIDDLE Serste	15. MOTHER'S MAIDEN NA		Unknorm
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The law requires that the death certificate be executed within 24 hours retending physician.  Where this certificate has been signed by the attending physician and completely filled in by os the buriol-transit permit. Then please remove carban papers. Pages 1, and 2 should be fill the and Memal Hygiene prior to buriol, cremotion, or removal.  arked agitem 18 shows any injury, or other traumatic event, the medical examiner may be an orked agitem 18 shows any injury, or other traumatic event, the medical examiner may be an orked agitem.		(AS DECEASED EVER IN U.S. AR.		8541 Cota Coo	K 1402 MA	shell 17.
ST., BAL entificate anpaper emavol.		PART I. DEATH WAS CAUSE	ly one couse per line far (0), (b), ar D BY: E CAUSE (a)	- 11 -	RENOL PALL	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deoth ce artendin ave carb		Canditions, if any, which gave rise to immediate	DUE TO, OR AS A CONSEOU	ENCE OF CAF 3	PUL EDE	res
that the day the ease remail, cremo		cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEOU	ENCE OF		
requires en signe or ta buri	NOI			DEATH BUT NOT RELATED TO THE TER/		
TALRECOR	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	YES NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \( \begin{array}{cccccccccccccccccccccccccccccccccccc
PHYSICIAN: Thendring physicians certificate to buriol-transing Mental Hygin day leen 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	P.M.	AY YEAR 19	RRED (ENTER NATURE OF INJURY IN ITEM	IB PART I OR PART 2)
DIVISION DING PHY or offer this e as the bu olth and M marked as	MED	WHILE OCCURRED  WHILE NOT WHILE OF AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
TTEND oppitol o		sow the deceased alive on above (I) (ve) (did) (did a	toll attended the deceased from.  1-14  19  when the bady after death.		ta / - / 4	
SPITAL OR A July the hos NERAL DIREC be detoched e State Dept.		77h SIGNATURE	-PRo		MEDICAL STAFF DIRECTOR PHYSICIAN	1-14+84
TO HOSPITAL retained by the TO FUNERAL should be det with the State			RAMOS	21. ADDRESS 3001 S	Hanover ST	BAlto.
BP		BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	Jan. 18, 1984	NAME OF CEMETERY OR CREMATORY edan Hill Cemetery		countary land the
DHMH - 16 50M 4/B2 (VRA 15, 4)	24 F	UNERAL DIRECTOR Cully Funeral H	Home, 130 E.Forts	Ave. Balto. Md. 250 DA	TE REC'D. BY REGISTRAR 256 REC	GISTRAR'S SIGNATURE





6	#16, F1 mG50/ FOR STATE REGISTRAR	DEPARTMENT	TATE OF MARYLAND OF HEALTH AND MENTAL HYO RTIFICATE OF DEATH	GIENE 8 4	0   3	9 6
eo eo eo eo	1. DECEASED NAME FIRST DO	ROTHY M. PI	ETERSON	JANUARY	20 1984	7:00 ^A _M
ge 4 may	J. SEX Female		ATE OF BIRTH PRIL 22 1911	6. AGE   IN YEARS LAST BIR	HUNDER I YEAR MONTHS DAYS  YRS.	FUNDER 24 HRS HOURS MIN.
eath. Poo	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY)  MD •	MA	ARRIED NEVER MARRIED OWED DIVORCED	BALTIMO		MD.
offer of	10. CITY OR TOWN OF DEATH BALTIMORE	11. NAME OF HOSPITAL, NURSING HO (# NOT IN SUCH FACILITY, GIVE STREET ADDRES 4911 East Fed	eral St.	12a USUAL OCCUPATE 11YPE OF WORK FOR MOST O SALESPER	ON F WORKING LIFE) SON STO	
filled in he dd he	MD.	NE OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMIS OUNTY 13°C. CITY OR TOWN BALTIMORE	YES X NO [		ZIP CODE FEDERAL ST	
ond 2 st	14 FATHER'S NAME FIRST AVERY	MOORE MOORE	15. MOTHER'S MAIDEN NA	WIDDIE		NST
Poges 1	160 WAS DECEASED EVER IN U.S. (YES, NO OR UNKNOWN) (# YE	s. GIVE WAR OR DATES) 16b. SOCIAL SECURITY I	137 CLYDE PET	ERSON (HU		ne addres
quires that the death ce signed by the attending hen please remove carb, to burlal, cremation, or to jury, or ather traumotic.		DUE TO, OR AS A CONSEQUENCE	OF VENTRICULAR OF LAPERTENS ION BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN PART 1	lo*
on. hos been permit. T ene prior	190 DATE OF OPERATION  210. ACCIDENT WAS UNDERLYIN	196 CONDITION FOR WHICH OPER		200 AUTOPSY?	206. IF YES, WERE FINDI IN CERTIFYING CAUSE: YES	
DING PHYSICIAN: The or offending physicion is after this certificate his as the buriol-tronsit golth and Mental Hygies marked or them 18 show	OR CONTRIBUTING CAUSE (  (# EITHER, NOTHY MEDICAL EXA  21d. INJURY OCCURRED  WHILE NOTWHILE AT WORK AT WORK	DE DEATH HOUR A.M. MONTH DAY YOUNGER P.M.  21e. PLACE OF INJURY	211 LOCATION	CITY OR TO	wn COUNTY	STATE , that (I) (we) last
TO HOSPITAL OR ATTEN retoined by the hospital TO FUNERAL DIRECTOR, should be detached for a with the State Dept of He MPORTANT: If them 21 is	saw the deceased ali above, (1) (we) (did) (d 27b. SIGNA URI 27d. PH(SIGNA INAME)	re an19	22. ADDRESS	MEDICAL STA	22c. DATE	E SIGNED
BP	230. BURIAL, CREMATION, REMO	OVAL 236 DATE 236 NAME	OF CEMETERY OR CREMATORY AT Hill		-	Mđ".
OHMH - 16 50M 4/83	24. FUNERAL PRISTRINEK	Funeral Home, Inc	250. DA	TE REC'S BY REGISTRAR	256. REGISTRAR'S SIGNA	TUREWILLY



Little Hand Street the state of the s January For Local 2403E and the second of the Haltimer Maryland Creared Housical Jest modernial Infaction -Postspheral Underlan Divosar 77 Cerolinal Vanoular Discase -Districted Mailitems Januar January Sanuary S Tanuary 1 4% 10/05/1 3 e, o Paraland Carpera Possical Josephin E. Pinzeschi W.B.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5	1 -	FOR STATE REGISTRAR	DE	PARTMENT OF E	ICATE OF D			REG. NO.	1 3	7 7
		CEASED NAME FIRST OR PRINT) THELE	MA R.	РНЕВИ	S		20. DATE OF DI	SY MONTH	DAY YEAR	26. HOUR 0201 AM
	3. SE		4. RACE	5. DATE C		YEAR	6. AGE (IN YEAR	STAST BIRTHDAY)	MONTHS DA	
51	6	FEMALE	WHITE	10	31	22		61 YRS		
6	(	RTHPLACE (STATE OR FOREIGN COUNTRY)  ARYLAND	76 CITIZEN OF WHAT COU	MARRIE WIDOW	D NEVER M	ARRIED -	P. BALTIMORE	There	CAY	MD.
K	10. CI	Boy Itimore	11. NAME OF HOSPITAL,		OR OTHER INST	ITUTION		CUPATION OR MOST OF WORKING WORKER	LIFE) INDUST	D OF BUSINESS OR RY JFACTURING
1	130. S	ALRESIDENCE (IF NURSING HOME OF ITATE 136 COL	JNTY 13c. CITY C		134. INSIDE CI	TY LIMITS?	136. STREET AD	DRESS COLLIN	S AVENU	UE, 21229
20	14. FA	THER'S NAME FIRST JOHN	MIDDLE L.	ast <b>IT</b> H		MAIDEN NAM		AIDDLE	FEAI	LAST
1		VAS DECEASED EVER IN U.S. A VES. NO OR UNKNOWN) (IF YES. G NO	DIVE WAR OR DATES)	-12-6586	17. INFORMAL VERON	ICA A.	ALLEN	4002 4	th STRI	EET, 21225
	NC	Canditians, if dny, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A COM  (b)  DUE TO, OR AS A COM  (c)  CONDITIONS CONTRIBUTING	YULMO NSEOUENCEPOE	NO 0 C	ende Fac	CULL  (ULL  INAL DISEASE C	DR CONDITION (	GIVEN IN PART	T 1(o)
7	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	IN WAS PERFOR	RMED	200 AUTOPS	INCER	YES, WERE FIN TIFYING CAUS YES	DINGS USED SES OF DEATH?
1	MEDICAL CER	21a, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN	HOUR A.M. MON'	TH DAY YEAR			RED (ENTERNATUR	E OF INJURY IN ITEM I	8 PART I OR PART	2)
	MED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	218. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	21f. LOCATIO STREET		C	ITY OR TOWN	COUNTY	STATE
			pitol) attended the deceased in not) view the bady after death			, 19 (aur) opinian c	, to death accurred c	on the date and h	aur and from	
,		22d. SIGNATURE	alle day	WY)		TTENDING HYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	22c. DA	ATE SIGNED
			7 %	212	UNIVE	ERSITY		LAND HOS	PITAL	
- 1	- (	URIAL, CREMATION, REMOVA SPECIFY)		1000	EMETERY OR C		23d. LOCATION CITY OF BROOK	TOWN	A A	MARYLAND
	1	BURIAL	01-23-84	noi	T CKOPS	,	DICOOK.	DITA TIZE	*7 0 77 0	THATET TRAINING

DHMH - 16 50M 4/B2

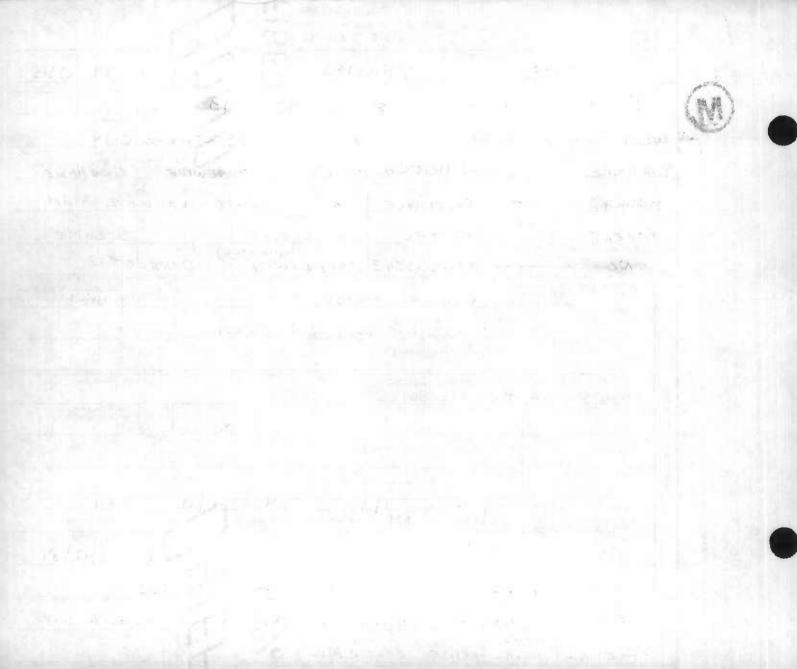
BP.

(VRA 15, 4)

14 FUNERAL DIRECTOR 21229
HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

Eltrare City In the Come that the Hapter THE CHART OF THE . The first street of the street BURNESS OF THE RESIDENCE OF THE STREET, WHEN THE STREET,

1	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	0 1 4 0 0
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONT	H DAY YEAR 26 HOUR
	TITPE	OR PRINT)	3	PHILLIPS	1.	-12-84 0315
1	3. SE		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS A
MA)	201	FEMALE	WHITE	8 21 90	93	YRS.
1/2		RTHPLACE (STATE OR FOREIGN COUNTRY)  125T VIRGINIA	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9. BALTIMORE CITY OR CO	
274	10 C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WOR	126. KIND OF BUSINESS INDUSTRY
1/2	D	ALTIMORE AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR		/ TOUSEWIFE	OWNHOME
(1)	13a. S	ARYLAND 136 COU	NTY 130. CITY OR TOV	VN 13d. INSIDE CITY LIMITS?  YES NO []	130 STREET ADDRESS / ZIP	CODE AVE. 21211
A TO	14. FA	ROBERT	RITTE	IS. MOTHER'S MAIDEN N. FIRST  ANNABEL	MIDDLE	STEMPLE
medico/	16a \	VAS DECEASED EVER IN U.S. AR		URITY NO. 17. INFORMANT (DAU	ADDRESS	E A5#13
or to buriol, cremotion, or r rinjury, or other troumotic	NOIL	PARAPLECI	A. Pressule so	b 1C myocardial in- JENCE OF  DEATH BUT NOT RELATED TO THE TER.  JORES	minal disease or conditio	
ows on	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	H OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH!  YES NO NO
Mentol Hygi		21a. ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DE		DAY YEAR 19	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
norked m	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY LATHOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STA
of Healt		sow the deceased alive on	oitol) ottended the deceosed from	, 19 , ond that in (my) (our) opinion	death occurred on the date or	, 19 , that (1) (we not hour and from the causes state
Dept.		226 SIGNIATURE //	ich, mD-	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED
2 5 1	1					1000
with the State [		274 PHYSICIAN'S NAME (17PE of Scott Gersh	OR PRINT)	22e ADDRESS	Memorial Hospit	



15×	1	FOR - STATE REGISTRAR	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 4 0	1401
(10/1)		DECEASED NAME FIRST	WIDDLE	ĮAŠT	20 DATE OF DEATH MONTH	DAY YEAR 2h HOUR
1 1	(1	YPE OR PRINT) ALBEF	RT J.	PITTINGER	1/4/84	8:30
moy moy	3. 3	SEX .	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HE
ge 4	1	MALE	WHITE	06 26 14	69	MONTHS DAYS HOURS MI
Pour Pour	7a.	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8.	9. BALTIMORE CITY OR COUNTY	OF DEATH
leoth in 72	1	MARYLAND	U.S.A.	WIDOWED DIVORCED		TY
by the fulled with	10	BALT IMORE	11. NAME OF HOSPITAL, NU (IF NOT IN SUCH FACILITY, GIVE S ST. AGNES		170. USUAL OCCUPATION TYPE OF WORK FOR MOST OF WORKING LE DENTAL TECH.	12b. KIND OF BUSINESS ( INDUSTRY CIVIL SERVICE
d in be		UAL RESIDENCE (IF NURSING HOME 1. STATE \$38.20	OR OTHER INSTITUTION, GIVE RESIDENCE UNTY 13c. CITY OR		13e. STREET ADDRESS	FT. MEADE
filled rould	2			HGLDS. YES NO X	2806 VERMONT AV	JENUE, 21227
within 12 sh	7 14	FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN N	NAME	LAST
p de de	5/	ALBERT	PITTIN	GER VIRGINIA		TUDOR
md co	7 160	WAS DECEASED EVER IN U.S.	ARMED FORCES? 16h SOCIAL GIVE WAR OR DATES)	SECURITY NO. 17. INFORMANT	ADDRESS	21227
S. Po	1/L		W II 212-0	3-3775 CATHERINE T	. PITTINGER 2806	
physici mosper the th		PART I. DEATH WAS CAU	anly one cause per line for (a), (b) ISED BY:  IATE CAUSE (a)	40 - 1 - //	unfanchi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
th co		4100	DUE TO, OR AS A CONS	EQUENCE OF	0	100-
den othe phone roun		Canditians, if any, which gave rise to immediate	(b) AM	persension		pears
that the tose reservable cothers		cause (a), stating the underlying cause last.		EQUENCE OF LOS	A Cardiovanled	year
equions character than pla r to burn injury, o	NO		rula acei d	1 / 20 1 1 5	RMINAL DISEASE OR CONDITION GIVE	VEN IN PART 110
A STATE OF S	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WI	HICH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
To so	7 8	21a. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
No Field	7 3	OR CONTRIBUTING CAUSE OF I	PEATH	19		
otherside otherside the this can be but the ond Me	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME, STREET, FACTORY OF	FICE FARM, ETC.) 211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
0 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		22a.1 certify that (I) (this has	spital) attended the deceased fr	om 12-27- 19 83	3_, to/~4~	19_84 , that (1) (we) !
E E E E E		saw the deceased alive above, (1) (we) (did) (did	an	19_84, and that in (my) (aur) apinio	in death accurred an the date and hav	or and from the causes stated
Per	- 1	22b. SIGNATURE		DEGREE		22c. DATE SIGNED
A HARDE	1	- George of	Vellandan	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1-4-84
n HOSPIT crimed by Sould be Affithe SA		Geo. V	ellanikaran,	M.D. 9005. ea	Aguas Hospital	2 RAMIN MOZ12
B. E. S. 2 3 3	230	BURIAL, CREMATION, REMOVA	AL 23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d LOCATION	
BP		BUR LAL	01-07-84	GLEN HAVEN MEM. PAR	K GLEN BURNIE	A.A. MARYLANI
DHMH - 16 50M 4/82	- 1	FUNERAL DIRECTOR	4000	21229 25a. D	ATE REC'D. BY REGISTRAR 251 BEGIST	RAR'S SIGNATURE
(VRA 15, 4)	H	UBBARD FUNERAL	HOME, INC. 410	WILKENS AVE. JA	NO 1981 Jana	I Cancell

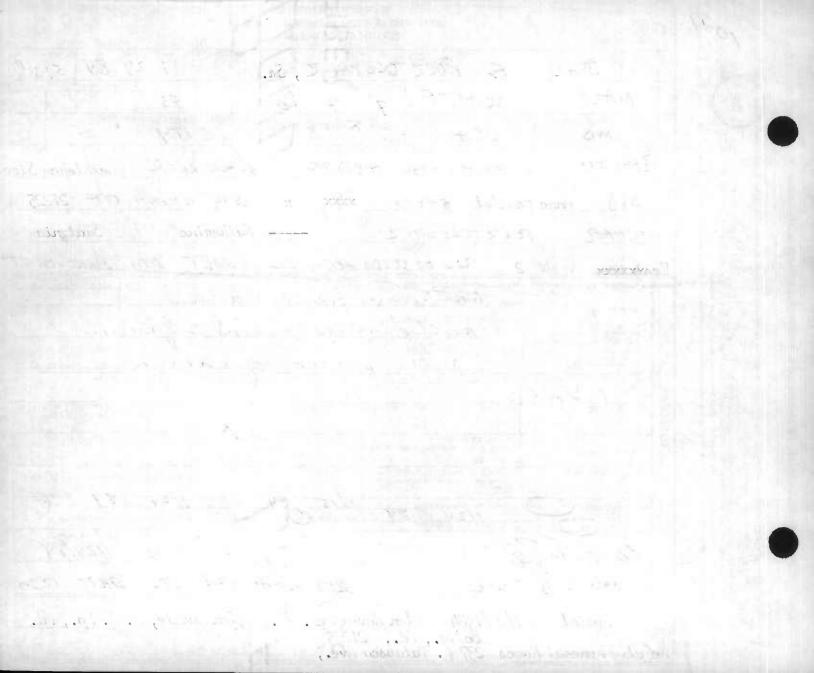
THE REAL PROPERTY OF THE PARTY STACES AND STATE OF THE STATE O CHERNIC THE STATE STORY STORY STORY STORY STORY

1. DECEASED NAME FIRST MODIE  1. DEC	bli	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 1 4 0 2
3. SEX FEMALE    RACE   INTERDISCIPLE   ADDRESS   ADDRES		CEASED NAME FIRST	MIDDLE	0/. 0	20 DATE OF DEATH	MONTH DAY YEAR 26. HOUR
The BIRTHPACE (STATION FORCES)  The SIRTHPACE (STATION FORCES)  The DATE OF OPERATION FOR STATION	0.0			5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN.
The CITY OR TOWN OF DEATH  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  II. SUBJECT OR TOWN OF DEATH  III. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION  III. STREET ADDRESS  III.	5 P 8 1	COUNTRY)	16 CITIZEN OF WHAT COUNTRY	8. MARRIED NEVER MARRIED	12.17:	COUNTY OF DEATH
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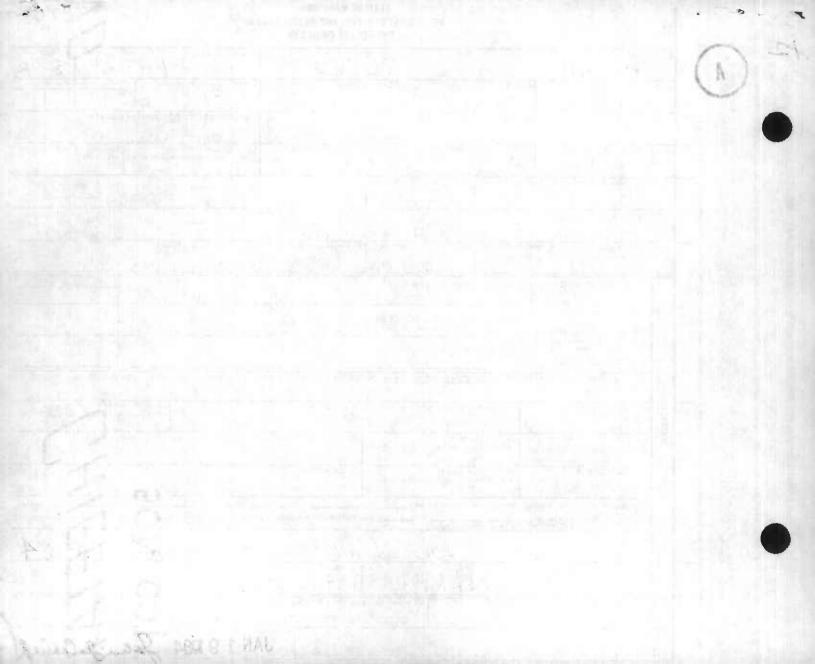
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10-11	STATE OF MARYLAND  FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 4 0 4 0 4
10	REGISTRAR CERTIFICATE OF DEATH REG. NO.
1 71	1. DECEASED NAME FIRST MIDDLE POCZ TOLOWICZ, Sn. 20. DATE OF DEATH MONTH DAY YEAR 26. HOUR 5/33
	MACE 1. RACE WHITE S. DATE OF BIRTH  MONTH DAY YEAR  TO F3 YRS.  1. RACE WHITE S. DATE OF BIRTH  MONTHS DAY HOURS MIN  TO F3 YRS.
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120	MICHAEL POCZTOLOWICZ 15. MOTHER'S MAIDEN NAME  FIRST  WHE Katherine Swatzpia
The state of the s	166 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT  YES, NO OR UNKNOWN)  18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
signed by the cherth cert signed by the cherthfully then please rimble contra to buriol, crements as re- iury, or other traumatics.	DUE TO, OR AS A CONSEQUENCE OF  Conditions, if only, which gove rise to immediate course (a), stating the underlying cause lost  PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 III
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TO HOSPITAL retoined by to TO FUNERAL should be deal with the Store IMPORTANT:	CARLOS & ZICEL 3001 S.HANOVER ST. THUTO 21230
PE P# 3 ₹	239 BURIAL CREMATION, REMOVAL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECHY)  BURIAL 1/28/1984  GLen Haven Mem. Pk. GLen Burnie. A. A. Co. Md.
DHMH - 16 50M 4/B3	Moully Funeral Homes 237 E. Patapsco Ave., 21225 JAN 30 1984





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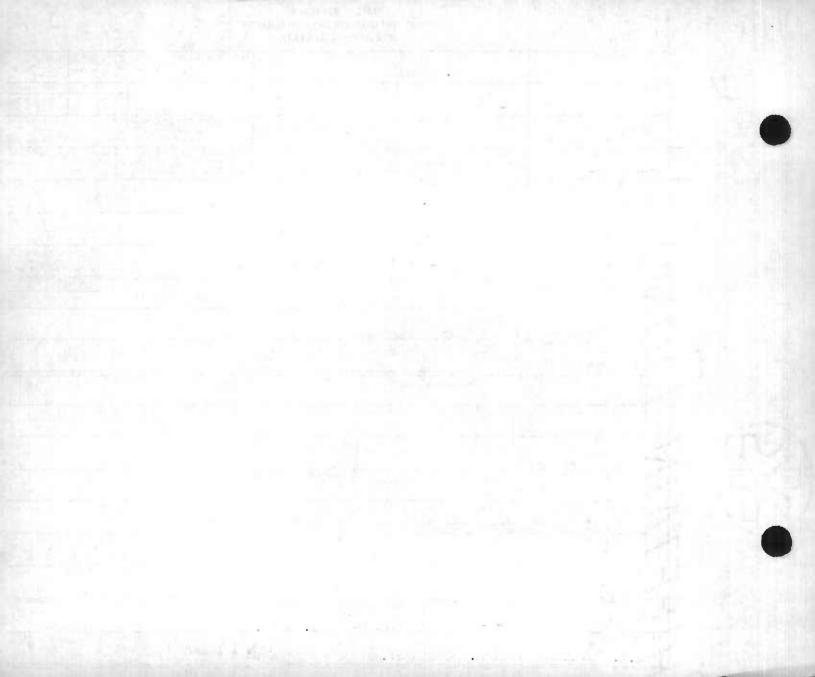


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201 W. PRESTON ST., es that the death certific ned by the attending ph please remove carbon p uriol, cremation, or rema	NO	PART I. DEATH WAS CAUS  IMMEDIA  Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost  PART 2 OTHER SIGNIFICANT	DUE TO, O  DUE TO, O  DUE TO, O  (c)	R AS A CONSEO R AS A CONSEO ONTRIBUTING TO	UENCE OF	y Dra	Lele bele	DISEASE OR COND	ITION GIVEN IN	PART Ira	
AL RECORDS, the low require ion. It permit. Then it permit. Then iene prior to by nows ony injury	CERTIFICATION	190 date of operation		ITION FOR WHIC	CH OPERATIO	N WAS PERFORMED	Y	a AUTOPSY?	IN CERTIFYING YES	RE FINDINGS USED CAUSES OF DEATH NO	1?
DIVISION OF VITAL ING PHYSICIAN: The After this certificate has a free burnol-tronsit p th and Mental Hygien orked or tem 18 show	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	EATH HOUR A.	M. MONTH M.	DAY YEAR	216 HOW INJURY	OCCURRED (	ENTER NATURE OF INJURY	IN ITEM 18, PART 1 C	R PART 2)	
DING PHYSON or ottendir	WEG	WHILE NOT WHILE AT WORK	{AT HOME, ST	REET, FACTORY, OFFICE		STREET		CITY OR TOWN	1988	DUNTY STAT	
TEN TOR of He		22a.1 certify that (1) (this has sow the deceased alive a above, (1) (we) (did) (did n	n 1113	0/16/19	. 00	d that (my) (our)		occurred on the dot	e ond hour ond	, that (I) (we from the couses state	,
		22d. PHYSICIAN'S NAME (TYPE	ABA_		M	ATTEN PHYS	IDING ME	DICAL STAFF	AN 🗆	1/6/8	1
TO HOSPITAL ( TO FUNERAL I TO FUNERAL I with the State E		ROUBEI	V JI			llueve	ssity	1Hd+	toyeta	21	
BP	230 (	BURIAL, CREMATION, REMOVA SPECIFY) BURIAL	1 - 9 - 8			PRE NAT. C	SEMT.	dAOCATION CITY OR TOWN  BALT IMOI	RE COUNT	MARYLAND STATE	E
DHMH - 16 50M 1/76 (VR A 15 (4) )	24 FI	UNERAL DIRECTOR NAME E.L. PHILLIPS	1721 N.				4-1-1	D. BY REGISTRAR 25	1-		K



DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO MIDDLE 20. DATE OF DEATH 2b. HOUR ELIZABETH 28 84 11:00Au PRICE 015. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR 90 YRS

3. SEX 4 RACE 1893 WHITE 06 06 FEMALE 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

Ta. BIRTHPLACE ISTALE OR FOREIGN U.S.A. MARYLAND WIDOWED

DIVORCED [ IO CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

BALTIMORE ST. AGNES HOSPITAL USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION

136 COUNTY 13c. CITY OR TOWN 113d INSIDE CITY LIMITS? BALTIMORE ARBUTUS YES [ MARYLAND A FATHER'S NAME 15. MOTHER'S MAIDEN NAME

MIDDLE BOUCHAT UNKNOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES?

166 SOCIAL SECURITY NO 215-03-2990 NO

17 INFORMANT

NO K

WILLIAM A. PRICE

GLEN BURNIE, MD. 702 MARBORO ROAD 21061

902 ST. CHARLES AVENUE, 21229

12b. KIND OF BUSINESS OR

INDUSTRY

9 BALTIMORE CITY OR COUNTY OF DEATH

BUTTONHOLE MAKER! CLOTHING

BALTIMORE CITY

13e STREET ADDRESS

UNKNOWN

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for to), (b), and tax!
PART I, DEATH WAS CAUSED BY: mmediat DUE TO, OR AS CONSEQUENCE Q Conditions, if any, which gove rise to immediate couse (a), stoting the DUE TO OR AS A CONSCOUENCE OF underlying cause

CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TIO

190 DATE OF PPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED

HOUR A.M. OR CONTRIBUTING CAUSE OF MATE (IF EITHER, NOTIFY MEDICAL EXAMINATE) 21d. INJURY OCCURRED

MONTH DAY YEAR 194 The PLACE OF INJURY AT HOME STREET, FACTORY, OFFICE FARM, ETC.

20s AUTOPSYT

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F

CITY OF TOWN STATE

DEGREE PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS

ST. AGNES HOSPITAL, 900 S. CATON AVENUE

MPORTANT ould b 23a. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL

REGISTRAR

FIRST

DORA

1. DECEASED NAME

(TYPE OR PRINT)

236 DATE 01-31-84 23c. NAME OF CEMETERY OR CREMATORY LOUDON PARK 21229

BALTIMORE CITY

HUBBARD FUNERAL HOME, INC. 4107 WILKENS AVE.

NOT WHILE PA 22s.I certify that (I) (this hospital) attayeded the Www.thidtfdiete

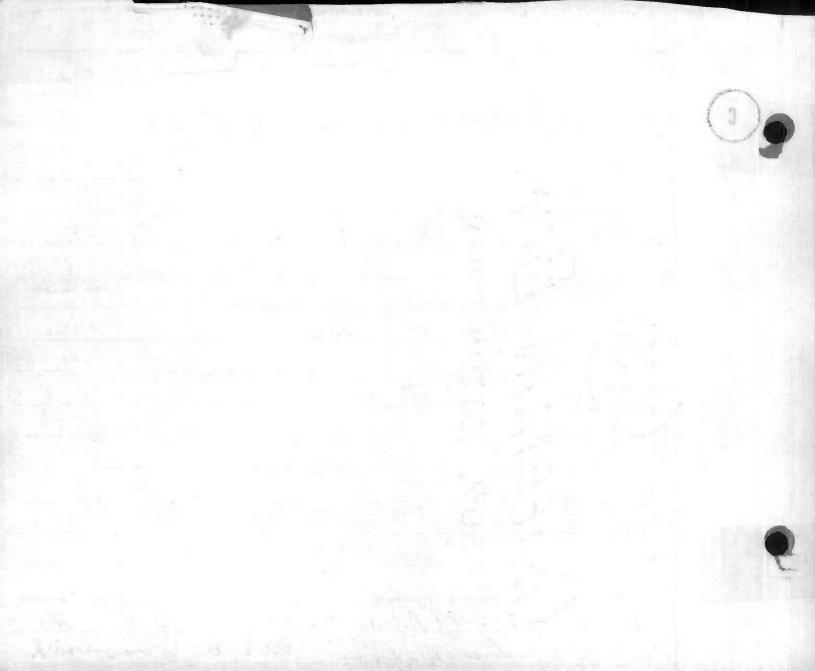
DHMH - 16 50M 4/B2 (VRA 15, 4)

24. FUNERAL DIRECTOR

250. DATE REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

23d. LOCATION

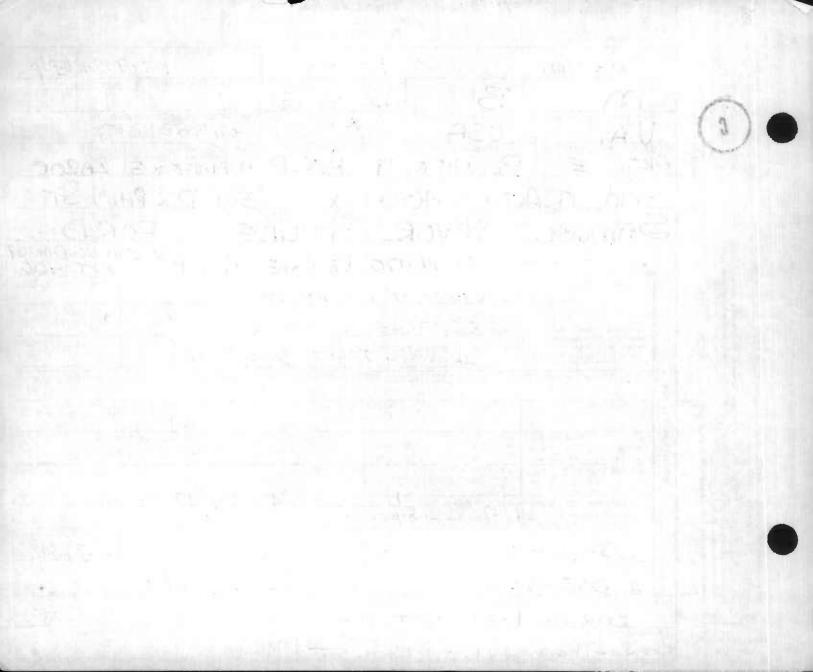
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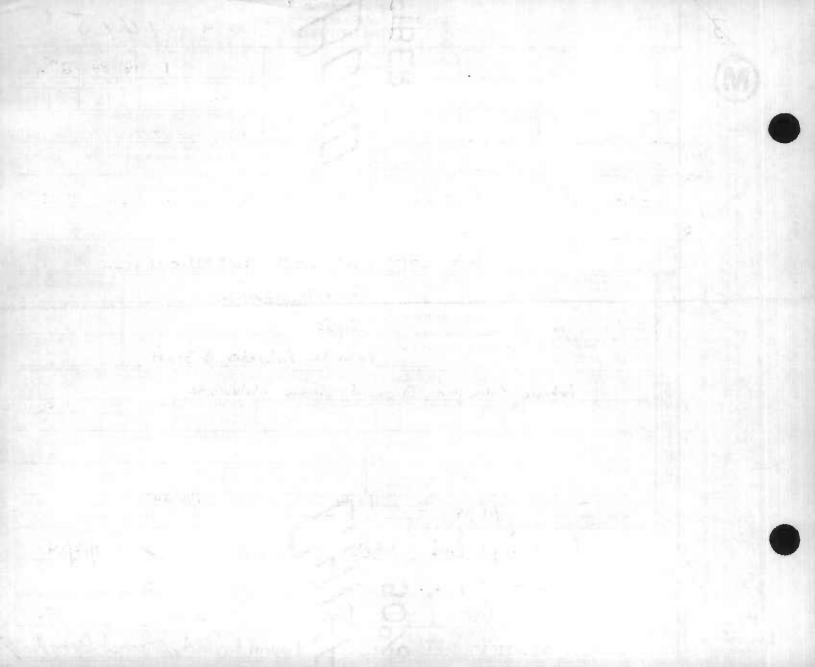
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2 \$	(	1.	Item#5,6 G588  FOR STATE REGISTRAR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH  REG. NO.	1414
20 10	deorth 3	TYPE	CEASED NAME FIRST OR PRINT!	PRYOR 20. DATE OF DEATH MONTH DAY	7:84 637 p M
age 4 mc	1	3. SE	3	MONTH 12 23 1910 74 YRS.	
			TY OR TOWN OF DEATH	MARRIED NEVER MARRIED BALTIMORE  WIDOWED DIVORCED BALTIMORE  II. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	MD.  126. KIND OF BUSINESS OR
hours oth	27	USU 13a.	ALTINUO PE AL RESIDENCE III NURSING HOME OR O STATE	PROVIDENT HOSP MAINTENCE	LABOR
ARYLAND	mpletel fills	14_5	HHER'S NAME PRIST M	TO SACTO YES IX NO SOLVEY STANDER NAME MIDDLE TO SIRST MIDDLE TO	en sti
ALTIMORE, M	S. Poges 1 one		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	MAR OR DATES)  ADDRESS  WAR OR DATES)  212-142170  WERGIE PRINCE  ADDRESS  WAS OR DATES)	OI DOLPHIN ST APT 406
PRESTON ST., BALI	ottending physicic move corbon poper; otion, or removol. troumotic event, th		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate		APPROXIMATE INTERVAL I BETWEEN ONSET AND DEATH
201 W.	gned by the n pleose ren buriol, crem ry, or other t		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF TRACT INFECTION  ONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART 1(o
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requirent offending physician.	hos been si t permit. The ene prior to ows ony inju	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH OPERATION WAS PERFORMED  200. AUTOPSY? IN CERTIFYIN YES NO YES.	VERE FINDINGS USED  NG CAUSES OF DEATH?
ON OF VITA YSICIAN: T	buriol-tronsit I Mentol Hygie or Item 18 sho	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)  21d. IN JURY OCCURRED	216 TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19  216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 38 PART P.M. 19  216 LOCATION	TORPART 2)
DIVISIO	Se os the beolth and a morked o	ME	WHITE NOT WHITE AT WORK  220.1 certify that (I) (this hospita	JAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)  STREET  CITY OR TOWN	COUNTY STATE
I OR ATTEN	DIRECTOR toched for us Dept. of H If trem 21 is		saw the deceased alive on_obove, (I) (we) (did) (did not)  22b. SIGNATURE	DEGREE  ATTENDING MEDICAL STAFF	22c. DATE SIGNED
O HOSPITAL	Stode		22d PHYSICIAN'S NAME (TYPE OR A - OSEI-W	0: 6	11/1/0-
BI			BURIAL CREMATION, REMOVAL SPECIFY BURIAL UNERAL DIRECTOR	1-21-84 MT, AUBURN COM BACTO,	OUNTY STATE
	- 16 50M 4/83 RA 15, 4)	2	rown-Thom	PSON F. H. BACTO, S. JAN 2 1 1004 ?	2

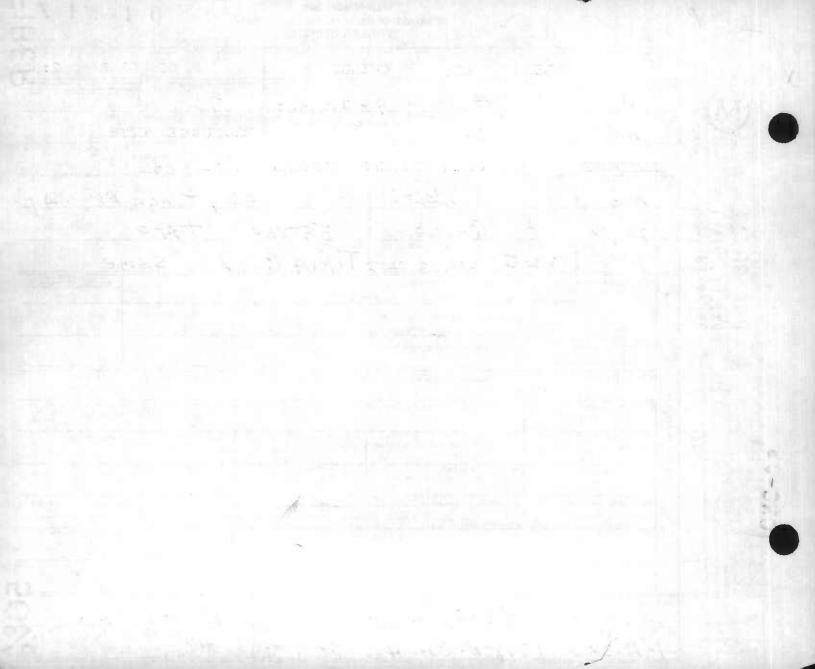


(VRA 15, 4)



0	FOR - STATE	DE		EALTH AND MENTAL	avé.	
	REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO.	6
	DECEASED NAME FIRS	MIDDLE		AST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
	JAMES	5 L	PUF	VEY JK	01	3:00
3.3	SEX	4 RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
	MALE	BLACK	MONTH 11	4 30 YEAR	53 YRS.	MONTHS DATS HOURS MIN
70	BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY	Y OF DEATH
2 N	IARYLAND	us	WIDOWE	/	BALTI MICHEL CT	TY "
10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, I		OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSINESS O
2	BALTIMONE	THE JOHNS	HOPKINS	HOSPITAL	LONGSHOREMAN	IN DOSINI
13		ME OR OTHER INSTITUTION, GIVE RESIDENCE OUNTY 130 CITY OBALTI	RTOWN	134. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 3125 BELMONT A	AVE. 21216
	FATHER'S NAME			15. MOTHER'S MAIDEN N	NAME	
И	JAMES	I PUR	VEY SR.	HILDA	WIDDLE	JOHNSON
160	WAS DECEASED EVER IN U.S		L SECURITY NO.	17. INFORMANT	ADDRESS	301113011
L	(YES, NO OR UNKNOWN) (IF YI	S. GIVE WAR OR DATES) 213~	26-7470	DELLA PURI	VEY 3125 BELMONT	
4	18 CAUSE OF DEATH (Ent	er only one cause per line far (a),	(b), and (c'.)	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1		DIATE CAUSE (a)	kisne,	quatry a	mist	Minutes
	2030	DUE TO, OR AS A CON				16
	Canditians, if any, whice gave rise to immediate cause (a), stating the underlying cause las	DUE TO, OR AS A CON	SEQUENCE OF	YELOMA		7 4293
2		NT CONDITIONS CONTRIBUTION	IG TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION GIV	VEN IN PART I a
2 NOIT YOU	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
7 8	21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY		21r HOW IN HIRY OCCI	YES NOW YE	ES NO
//	OR CONTRIBUTING CALISE	110110 111 110117	H DAY YEAR	THE HOW MAJORT OCC	ORNED (ENIER NATURE OF INJURY IN HEW IS	PART TORPART 2)
MEDICAL	(IF EITHER, NOTIFY MEDICAL EXA	P.M. 21e. PLACE OF INJURY	19	211. LOCATION		
N N	ILE NOT WHILE AT WORK	LAT HOME STREET FACTORY	OFFICE, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
		naspital) attended the deceased te on	1 14	nd that in (my) (our) opinion	on death occurred an the date and have	19 4, that (1) (we) fa or and from the causes stated
	22b. SIGNATURE	P		DEGREE ATTENDING	MEDICAL STAFF	22L DATE SIGNED
+	224 PHYSICI N'S NAME	Jewas San Maria		ATTENDING PHYSICIAN  22e ADDRESS	DIRECTOR PHYSICIAN	1111184
	111-	RAES			Hopkin Hasitel	
23	a. BURIAL, CREMATION, REMO	OVAL 23b. DATE	23t. NAME OF C	EMETERY OR CREMATOR	Y 23d. LOCATION	COUNTY STATE
	BURIAL	1-16-84	ARBUTU	S MEM. PK.	BALTIMORE	MARVIAND
	FUNERAL DIRECTOR	AP	Dett	25a. D	ATE REC'D. BY REGISTRAR 251 REGIST	TRAR'S SIGNATURE
	E.L. PHILLIP	S 1721 N. MONE	OE ST.	J/	4N 1 0 1984	men wanty

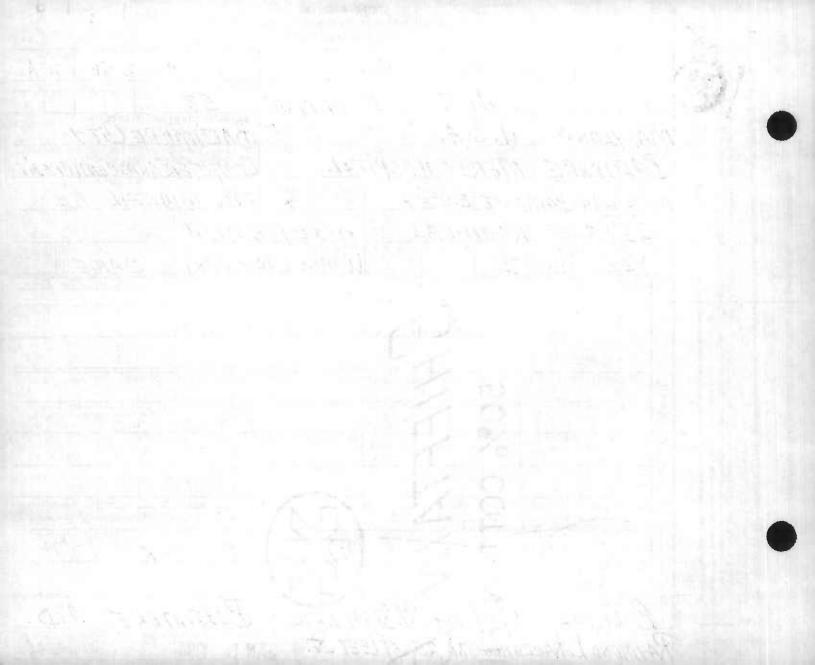
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

2	1 -	- STATE REGISTRAR	CERTI	CERTIFICATE OF DEATH REG. NO.						
1		TOSEPH	H, Ra	Luha	20. DATE OF DEATH	MONTH DAY	YEAR 2b.	715 AM		
2	3. SE		WHITE S. DATE	OF BIRTH 1925	6 AGE (IN YEARS LAST BIR	YRS.	DAYS HO	JNDER 24 HRS. JURS MIN.		
5	12 B	PARYLAND	CITIZEN OF WHAT COUNTRY? 8. MARRI WIDOW	ED NEVER MARRIED	TALTIN	DRE COUNTY OF DE	ATH	MD.		
1	1	BALTIMORE!	NAME OF HOSPITAL, NURSING HOME LENGTH SUCH FACILITY GIVE STREET ADDRESS OF	OR OTHER INSTITUTION	THE USUAL OCCUPATION OF WORK FOR MOST		KIND OF BU STRY OM, C	REDIT		
3	m	PARYLAND BALTIL	HER INSTITUTION, GIVE RÉSIDENCE BEFORE ADMISSION  135. CITY OR TOWN  MORE ESSEY	YES NO	130 STREET ADDRESS	INDSAIL"	PRI	2/		
2		GEORGE MIDI	RACHUBA	15. MOTHER'S MAIDEN NAME OF THE STREET	GRYCH	500	LAST			
2	160 V	NAS DECE ASED EVER IN U.S. ARME YEL NO OR UNKNOWN) (14 YES GIVE	D FORCES? 166. SOCIAL SECURITY NO.	WANDA LAN	liEWSK!	SAI	ME			
9	CERTIFICATION	Conditions, if any, which gave rise to immediate cause (o), storing the underlying cause lost.  PART 2 OTHER SIGNIFICANT CONTINUE DATE OF OPERATION	DUE TO, OR AS A CONSEQUENCE OF  (b) PROMISE AND  DUE TO, OR AS A CONSEQUENCE OF  (c)  NDITIONS CONTRIBUTING TO DEATH BU  196 CONDITION FOR WHICH OPERATION		20a AUTOPSY?	20b. IF YES, WERE IN CERTIFYING C	EN IN PART I (a., WERE FINDINGS USED YING CAUSES OF DEATH?			
5	ICAL CERTI	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19		YES NO	YES DIEM 18 PART 1 OR		10 🗌		
	WED	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211. LOCATION STREET	City OR TO	OWN CO	VINUY	STATE		
/		220.1 certify that (1) (this hospital) 319.5 the decembed alive on Obove (1) (we'll that idid not in The SIGNATURE	ew the body of the death.	and that in (my) (our) apinian  DEGREE  ATTENDING PHYSICIAN	medical STA	date and haur and f	rom the caus			
	230. 1	DURIAL INERAL DIRECTOR	1/6/1984 57.57	CEMETERY OR CREMATORY ANISLALLS 250. DAT	BATTI E REC'D. BY REGISTRAN	DORE 25b. REGISTRAR'S	SIGNATURE	10°.		
	14	HMOND L. NACZ	OROWSKI 25251L	EEI VI	AN 5 1984	John	y la	help		

DHMH - 16 50M 4/8 (VRA 15, 4)



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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. LAST 20. DATE OF DEATH MONTH I. DECEASED NAME FIRST MIDDLE 26. HOUR (TYPE OR PRINT) January 16, 1984 4:30a EILEEN G. RAFFERTY 3. SEX 4. RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MONTH White Female 1931 4 Dec BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY BALTIMORE CITY West Virginia USA WIDOWED 126 KIND OF BUSINESS OR INDUSTRY BOard 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a. USUAL OCCUPATION # (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) HOSPITAL THE JOHNS HOPKINS AA County Schoo BALTIMORE Teacher SUAL RESIDENCE (IF NURSING HONDO COME R INSTITUTION GIVE RESIDENCE DEFORE ADMISSION)

34 STATE

134 CITY OR TOWN 13e.STREET ADDRESS / ZIP CODE Apt. G 13a STATE 13d. INSIDE CITY LIMITS? 421 Hiddenbrook Drive NO Y 21061 Glen Burnie Maryland 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE O'Brien Rafferty Alice Thomas 17. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKNOWN) 233-58-9968 Alice B. Rafferty, Same as 13 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per fine for 10), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate Southa couse (o), stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20b. IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTORSY' IN CERTIFYING CAUSES OF DEATH? YES [ NO NO [ 710. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) HOUR A.M. MONTH DAY YFAR OR CONTRIBUTING CAUSE OF DEATH ( IF EITHER, NOTIFY MEDICAL EXAMINER) 19 P.M. 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22e.1 certify that (1) (this hospital) attended the deceased from sow the deceased olive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (did nat) view the body after death

72d. PHYSICIAN'S NAME (TYPE OR PRINT)

DEGREE 22e ADDRESS

MEDICAL PHYSICIAN DIRECTOR PHYSICIAN

23c NAME OF CEMETERY OR CREMATORY

Glen Haven Mem.

600 N. WILFE ST BALTO. MD. 21205 23d LOCATION

Burial 24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL

22h SIGNATURE

FOR

642

James S. Kirkley, Glen Burnie, MD

236. DATE

19 Jan 84

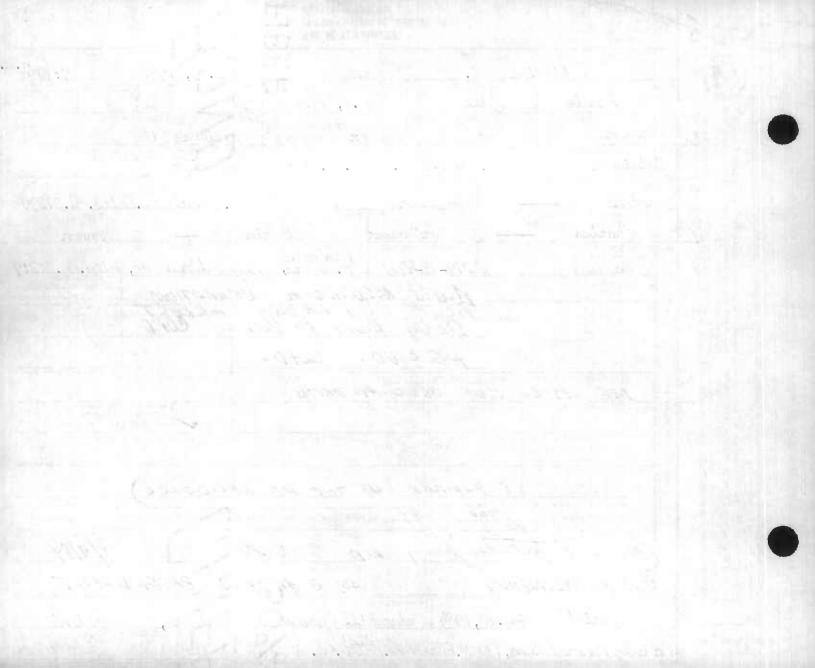
MD Glen Burnie Park 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/83 (VRA 15, 4)

The Transfer of Table 

F 1 7 Printer Person U. S. A. associate more hore n st. univ. ibli Kingsway ad. allimor, derilond lind monis Utinnett fudni: malifar. 1520 Brock Valley Dd. 12-62-04 Ulla Med Bollov Dolles, 1008 75232 //! 5 7. r. r. in C 1 - t r ISIMUE di Ke'I ... Etir Nucter & Bons 2500 Gaymne Falls Pays. Suneral More Inc. Saltimore, Maryland 21216

5	1	FOR STATE REGISTRAR		DEPARTMENT OF H	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE 8	0 1 %	2
1		CEASED NAME FIRST	MIDDLE	L/	NST .	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
a (76)	(1176	Lil	lian R.	Ra	msay	Jan. 8, 198		9:30 a.m
4 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	3.5E	Female	4. RACE White	5. DATE O	t. 1, DAY 1912 AR	6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
Foge Area	7a. BI	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT CO	DUNTRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COU		MD.
1		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL	NURSING HOME O		120 USUAL OCCUPATION (TYPE OF WORK FOR MOSPOF WORK) Housewife	12b. KIND OF	F BUSINESS OR
should be it	Ma	AL RESIDENCE (IF NURSING HOME STATE 136 COI TULAND		ence before admission) or town Ltimore	13d INSIDE CITY LIMITS? YES X NO 1	111000000000000000000000000000000000000	code t. Balto M	d.21230
ond 2	14. FA	harles	MIDDLE	Hardhousen	FIRSJ	erine	Unknow	wn
Poges 1		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, A	ARMED FORCES? 166 SOC GIVE WAR OR DATES)	-03-4907	17. INFORMANT Frederick	7338 Waldman A	lve. Balto.	Md. 21219
equires that the death, in signed by the attending Then please remove control buriol, cremotion, or injury, or other froumoting.	NOI	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last.  PART 2. OTHER SIGNIFICAN  DEG. SEVIE		.5. 6.00		MINAL DISEASE OR CONDITION	GIVEN IN PART 110	p.
hos bee	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATION	N WAS PERFORMED	20a AUTOPSY? 20b. IN C	IF YES, WERE FINDING ERTIFYING CAUSES ( YES [	GS USED OF DEATH? NO
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s the bury ond We	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AL WORK	21e PLACE OF INJUI (AT HOME, STREET, FACTO		211. LOCATION STREET	RESIDENCE	COUNTY	STATE
or the hospital or AL DIRECTOR: Affected for use of the Dept of Health II; If Item 21 is man		Cilcre 6	spital) attended the deceas on nat) view the bady after dea	19 <b>83</b> , or	DEGREE ATTENDING	n death occurred on the date onc	d hour and from the c	
O FUNERAL Toold be det of the Store		C.N. PATALL	NG HUG		120 ADDRESS # PA	TAPSCO - BACT	MD 2/2	21-
BP		BURIAL, CREMATION, REMOV.	AL 236 DATE Jan. 10. 198		EMETERY OR CREMATORY	CITY OR TOWN	Manul	and
HMH - 16 50M 4/83		UNERAL DIRECTOR				ATE REC'D BY REGISTRAR 256 RE		
(VRA 15. 4)	Me	Cully Funeral	Home. 130 E.F.	ORT AVE. DE	120.11	IAN 1 U 1984	mich	council



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1		FOR	DEPART	MENT OF HEALTH AND MENTAL HY	GIENE O 4	0 1 -1 6 6
hi	1 -	STATE REGISTRAR		CERTIFICATE OF DEATH		
Delav					REG. NO.	
1 0 1		EASED NAME FIRST	MIDDLE	Para Cara	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
2 41:		ALVA	SYLYESTER	RAMSBURG	/-	23-89 8:30 pm
2 24	3. SEX		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
off.	J. JEX	MALE	WHITE	- MONTH DAY YEAR	1 577	MONTHS DAYS HOURS MIN.
ال معدد	1	1.10116	1011116	DEC. 25 1906		
व केंद्र	7o. BIR	THPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	8	9 BALTIMORE CITY OR COUN	TY OF DEATH
oth 72	1	DOGUIANA	1160			MORE GITY
e contraction	10 CIT	V OR TOWN OF DEATH	11 NAME OF HOSDITAL MINES			
ž 23 Z//	77		AF NOT IN SUCH FACILITY, GIVE STREE	ADDRESS)	WIPE OF WORS FOR MOST OF WORKIN	G LIFE) INDUSTRY
S S	BF.	LTIMORE	IST. HENES IT	OSPITAL	VELF EMPLOYED	BUSINGSMAN
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E.A	lán W	AS DECEASED EVER IN U.S. AE	RMED FORCES? 1166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS A	
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~ ~ ~ ~ ~ ~		PART 7. OF HER SIGNIFICANT	PONBITIONS CONTRIBUTING TO	DEATH BUT NO RELATED TO THE 15	MINAL DISEASE OR CONDITION	GIVEN IN PART Tra
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		Bill M.	1 1/2		I MERTINAL STAFF	911 911
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(VRA 15, 4)	5	LITCK FUNERAL	- MOME ELLICE	W CATY MID ZIONS	1004	and Salar

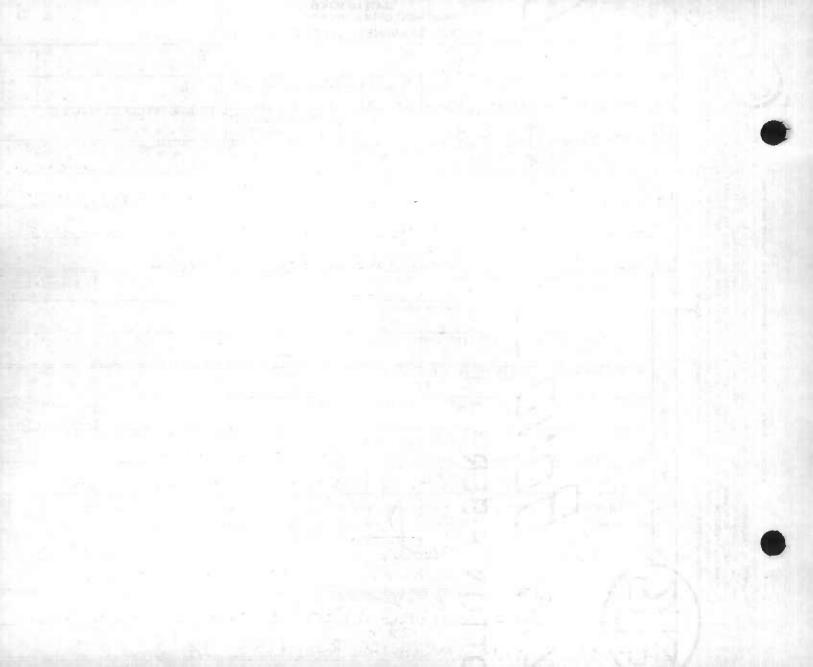
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6. X		16, per F.H.	1/24/84		STATE OF MARYL ENT OF HEALTH AND	MENTAL HYG	ENE 8 4	0	1 4	2 3
3	L	REGISTRAR CEASED NAME FIRST	MIDDI		CERTIFICATE OF	DEATH	REG. I	NO.	Y YEAR	2b. HOUR
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you go	3. SE		4. RACE		5. DATE OF BIRTH	YEAR	& AGE IN YEARS LAST B		UNDER I YEAR	IF UNDER 24 HRS
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2 ( TA / A)		IRTHPLACE   STATE OR FOREIGN	76. CITIZEN OF WHA		MARRIED X NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
de ob		nset, Mass.	U.S.A			NORCED [		DRE CITY		MD.
1 11 11	10.0	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FAC	ILITY, GIVE STREET AL			120 USUAL OCCUPA (TYPE OF WORK FOR MOST	OF WORKING LIFE	INDUSTRY (	BUSINESS OR
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N SI		1991 MMEDIA	DUE TO, OR AS							
death death oute oume		Conditions, if any, which	(b) /	Redias		lass				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., ING PHYSICIAN: The low requires that the death certific after this certificate. By the otherding place the buriol-tracit permit. Then please remove carbons the and Mental Hygiene prior to burial, cremation, or removed or them 18 shows any niury, or other traumatic events.		gove rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS	A CONSEQUEN	NCE OF					
res the		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTE	RIBUTING TO DI	EATH BUT NOT RELATE	D TO THE TERM	INAL DISEASE OR CO	NDITION GIVEN	V IN PART 110	
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RECC os bee	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION	FOR WHICH O	PERATION WAS PERF	<b>ORMED</b>	200 AUTOPSY?	IN CERTIFYI	MERE FINDING NG CAUSES (	OF DEATH?
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OF VI	400	OR CONTRIBUTING CAUSE OF DE	HOUR A.M.	MONTH DA	Y YEAR					
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NDIN I or II		220.1 certify that (1) this hosp			4 and that in (m)	. 19	, to			hot (I) (we) lost
ATTE Spirto CTO d for n 21		sow the deceased alive or above, (I) we) (shift) did n	of view the body after	deoth.	, and mor me	(our) opinion (	death accurred on the	dote and hour a		2
OR AT DIRECT OCHER DIRECT OCHER THEM	33	22h SIGNATURE	1 ,		DEGREE	ATTENDING	MEDICAL ST	AFF	22c DATES	
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(VRA 15, 4)	W	illiam E. Jol	hnson852	Loch	Raven Bl	valuation	1 0 1904	John,	Je lan	my .



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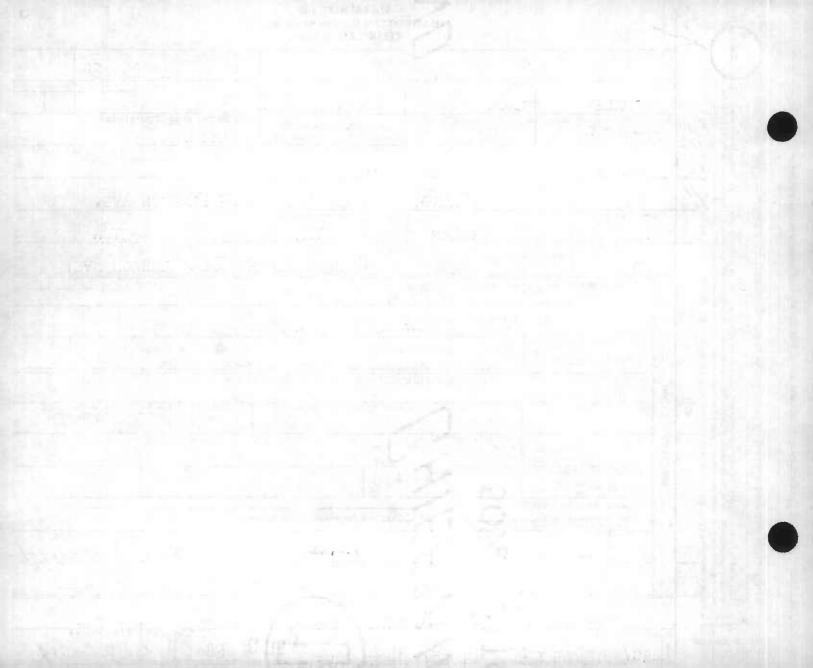
W	FOR STATE		STATE OF	F MARYLAND TH AND MENTAL HY	GIENE 4	1 4 2 5
	REGISTRAR	M	EDICAL EXAMINER'S	CERTIFICATE OF	DEATH REG. NO.	
	1. DECEASED NAME	FIRST	WIDDLE	LAST		ONTH DAY YEAR 26 HOUR
WALES.	(TYPE OR PRINT)	Gail	1	Day	OF ESTI-	7 20 10 04
13325	3. SEX 4. R	ACE 5. DATE OF BIRT	H 6. AGE (IN YEARS IF	Rau UNDER 1 YR. TIF UNDER 2		1 30 19 84 M
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NA STATE	BIRTHPLACE (STATE OF	OR 76 CITIZEN OF	WHAT COUNTRY? 8. MA	RRIED NEVER MARRIE	9. BALTIMORE CITY OR CO	OUNTY OF DEATH
AND MAN	MARYLAND	U.S.	A. WID	OWED DIVORCE	Baltimore Ci	ity, MD.
SHARE DO	CITY OR TOWN OF		OSPITAL, NURSING HOME, OR C	THER INSTITUTION	128. USUAL OCCUPATION (TYPE OF V	WORK 126. KIND OF BUSINESS
关于45mm	Baltimore		reachity, give street address) Versity Hospita	1	FOR MOST OF WORKING LIFE)	LSAGUS HAGO.
B1239	SUAL RESIDENCE (IF IN		GIVE RESIDENCE BEFORE ADMISSION)		WORKER	MANON HATO
2 29EE67	13c. STATE	UK COUNTY	13c. CITY OR TOWN		STREET ADDRESS	2 00 212311
MD. 2120 H. F. AND N. 3. AND M. 3. RETAIN M. 3. RETAIN M. 3. RETAIN	MARYLAND	BAITINORS	PARKVILLE	YES NO 1		ROAD 21234
	4 FATHER'S NAME	MIDDLE	LAST	15. MOTHER'S MAIDEN	NAME	LAST
A SOS	JAMES	R.	RAU	RUBY	h.	WHITLOCK
TIMO	16g. WAS DECEASED EV	/ER IN U.S. ARMED FORCES?	166. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS	
A ASISS	00	(# 123, 0712 4756 08 07723)	216801905	FAMI	LY RECORDS	
	18 CAUSE OF DE	EATH (Enter anly ane cause per li				APPROXIMATE INTERVAL
A DE ONE	PART I DEATH	WAS CAUSED BY:	Multiple injuri	es		BETWEEN ONSET AND DEATH
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PRESTON IT ITHIN 24 HO CIL IN ITEM IER ALON ANSIT PER REMOVAL	Canditions.	if any, which	on no n dondedounce of			
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OF VITAL RECORDS, 201 W. PRESTON TATE SHOULD BE EXECUTED WITHIN 24 HOUR IE WORD "PENDING" IN PENCIL IN ITEM BY CHIEF MEDICAL EXAMINER ALONG IND BE USED AS A BURIAL "RANSIT PERMIT OF HEALTH AND MENTAL HYGGIEF TO BURIAL, CREMATION, OR REMOVAL		CANT CONDITIONS CONTRIBUTING TO DEA	TH BUT NOT RELATED TO THE TERMINAL DIS	EASE OR CONDITION GIVEN IN PART	1 (0)	
S AS	19a. DATE OF OPI					
LEAN HEAD	T90. DATE OF OP	ERATION 196 CON	DITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
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DIVISI IS CER! RRITIN RADED GE 3 SI PR	WHILE AT WORK	OT WHILE A STREET, F	ACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
	AT WORK A	F WORK	street	Dakleigh Rd.	Parkville	Balto Md.
FORW PORW PEST	27e I certify th	not I took charge at the remain o	fescribed above, helppn Au	topsy . Inspection	. Inquiry . and in	my apinian
NN SERVE	death resulted to	A Natural courses	Suicide	. Hamicide .	Undetermined manner ,	
A SE BERT	( /			TITLE (SPECIFY)		
A POST	ACTUAL SIGNATURE	VADILON	Gulla	Deputy Chie	EMEDICAL EXAMINER	DATE 1/31/84
ZEE SEE	SIGNATURE	Court trip	1000	m.b	MEDICAL EXAMINER	SIGNED
A STANDAR	EXAMINER'S NAM	we Thomas D	. Smith, M.D.	111 F	Penn St. Bal	lto, M.D.
TO MEDICAL EXAMINER: TO PAGE 4 SHOULD BE FORW FOR E 4 SHOULD BE FORW AFTER DEATH, WITH THE STAND FOR EVERY AND FOR EVERY AND FOR EVERY EVE	23a. BURIAL, CREMATION	N DEMOVALE 125 DATE	123c NAME OF CEMETER	ADDRESS	23d LOCATION	
	(SPECIFY)	TA A MC	O) A COMETER	Chemalon Park	CITY OR TOWN	COUNTY STATE
BP	3 URIAL 24 FUNERAL DIRECTOR	11-2B. 3, M	0411 WETHU	1 PUTTARK	C'D. BY REGISTRAR 1250. REGISTRA	ALTO. LIARYLAND
DHMH - 17	NAME	ADDRI		0   EED		AN 3 SIGNATURE
(VR A15 ME (5))	EVANSCH	APIL OF 11/20	TORISS HARFOR	ROAD FEB	6 1984 John	I Canell



BP DHMH - 16 50M 4/82 (VRA 15, 4)

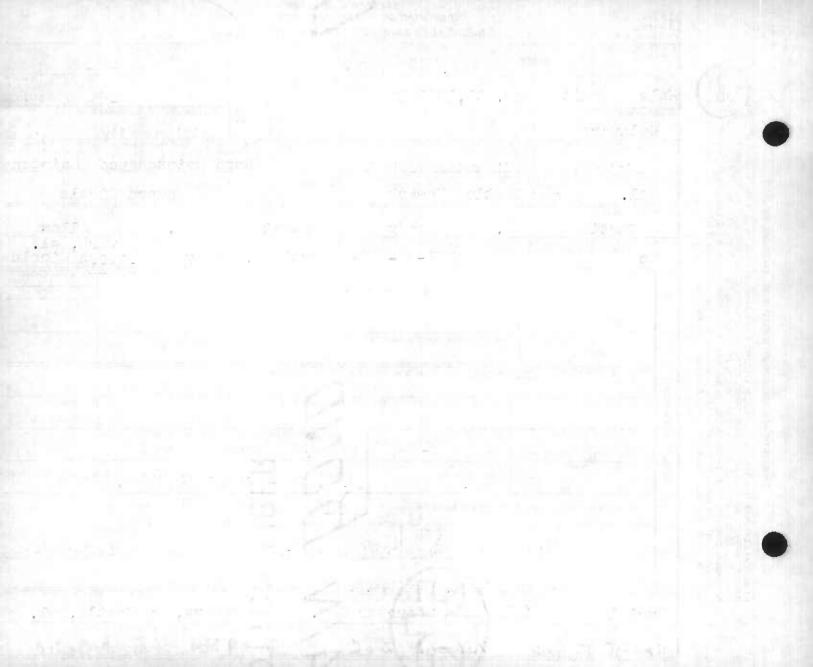
STATE OF MARYLAND

1	1	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO	0.					
		CEASED NAME ZELL	ER M.	RAY	A57	1 29 84 Th HOL						
		FEMALE	BLACK		рт. 23, Т919	6. AGE (14) YEARS LAST BIR	YRS.	HS DAYS H	FUNDER 24 HRS. HOURS A.M.			
1	So	OUTH CAR.	USA	WIDOWE	DIVORCED DIVORCED	DIVORCED   BALTIMORE						
2	1	BALTO.	5564 ELDERON AVE.		OR OTHER INSTITUTION	THE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY						
2	13a. 5	TATE ITAL COUN	BALTO.	N ADMISSION)	134, INSIDE CITY LIMITS?		RON AV	E.	)			
0	Ep	GAR	MILLER	BIEL VID	BERTHA	HIDDLE		ON HAST				
160				RITT NO.		Contract Contract	170 70					
	NO	gave rise to immediate couse (a), stating the underlying cause last	1 0 SMAZI	CE	a ca u		DITION GIVEN I	N PART No				
	CERTIFICATION	INS. DATE OF OPERATION	1% CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED	70e AUTOPSY?	20% IF YES, WI IN CERTIFYING	RE FINDING	S-USED F DEATH?			
	10000	21a. ACCIDENT WAS UNDERLYING CONCENSIONED CO	HOUR A.M. MONTH DA		71t: HOW INJURY OCCURRE	VES NO VES NO						
	MEDICAL	THE INJURY OCCURRED  WHILE D NOT WHILE D  AT WORK D AT WORK	21e. PLACE OF INJURY		2H LOCATION	City ON 10	THE MOMENT SAY THAM 25 TO SHAPE SAY THAT THE	State				
		saw the deceased alive on,	19	RAY  S. DATE OF BIRTH  SEPT. 23, 1919 64  MARRIED NEVER MARRIED BALTIM  MIDOWED DNORGED BALTIM  SIGNAMORE OF DIVERSITY LIMITST STREET ADDRESS.  AVE.  LIST MOTHER INSTITUTION ADDRESS.  IS MOTHER SMAIDEN NAME  BERTHA  JRITY NO. 17 INFORMANT  LONNIE MILLER 5564  DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR SERVE OF CECL A DIVERSITY OF CHARLES OF SERVE OF	, to eath occurred on the do		d from the cou	0				
		224 PHYSICIAN'S NAME ITHE		0	MI) PHYSICIAN	MEDICAL STAF	IAN DE	1/3 206y	1/84			
	23a. B	BURIAL  BURIAL	ZELLER  M. RAY  ARACE  BLACK  STATE DEFORMANT  AR. USA  WIDOW  DEPTH 11. NAME OF HOSPITAL, NURSING HOME  STATE DEFORMANT  IS COUNTY  MEDIT  MILLER  DEVER IN U.S. ARMED FORCES?  If any, which  To immediate the interior only one course per line for (a), (b), and (c).  ATH WAS CAUSED BY  MAMEDIATE CAUSE (b)  DUE TO, OR AS A CONSEQUENCE OF  BLOCK OF DEATH  DUE TO, OR AS A CONSEQUENCE OF  STATE  BUSH  CER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT  DOPERATION  198. CONDITION FOR WHICH OPERATIC  DOPERATION  198. CONDITION FOR WHICH OPERATIC  WAS UNDERLYING  DUE TO, OR AS A CONSEQUENCE OF  STATE  CONTRIBUTING TO DEATH  BUSH  P.M. 19  COCCURRED  TO PLACE OF ENJURY  HOUR A.M. MONTH DAY YEAR  P.M. 19  COCCURRED  To PLACE OF INJURY  HOUR A.M. MONTH DAY YEAR  ST MODICAL EXAMINER:  P.M. 19  COCCURRED  To PLACE OF INJURY  HOUR A.M. MONTH DAY YEAR  AT WORK  AND WHILE  THE PLACE OF INJURY  HOUR A.M. MONTH DAY YEAR  TO WHILE  THE PLACE OF INJURY  HOUR A.M. MONTH DAY YEAR  TO WHILE  THE PLACE OF INJURY  HOUR A.M. MONTH DAY YEAR  TO WHILE  THE PLACE OF INJURY  HOUR A.M. MONTH DAY YEAR  TO WHILE  TO WHILE  TO RESERVE THE DATE  TO RESERVE T	11 0	CHERAW	SOUTH	CAD	STAN				
		INERAL DIRECTOR	ACOO 1 ADDRESS		Se. DATE		THE SECRETARY	SSICHALA				



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN KX MONTH (TYPE OR PRINT) ESTI-MARK REEDY DEATH MATED SEX 4. RACE IF UNDER 24 HRS DATE 2d. HOUR PRONOUNCED Male White DEAD 1-14-849 3:35 To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY) USA Delaware WIDOWED [ DIVORCED Baltimore City M CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 1126, KIND OF BUSINESS Road maintenance Maintena Baltimore University Hospital QUNTY 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS Castle 606 Tamara Del New Newark ATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Allen Reedv Janet 17. INFORMANT Newark, Del. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES_NO, OR UNKNOWN) I LIE YES GIVE WAR OR DATES! Curtis E. Reedy 606 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) RETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Multiple injuries IMMEDIATE CAUSE (a)_ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD "FENDING PAGE 4 SHOULD BE CRYWARDED TO THE CHIEF MEDIC TOF UNERAL DIRECTOR, PAGE 3 SHOULD BE USED AS A FOFEN BOATH, WITH THE STATE DEPARTMENT OF HEALTH BACTIMORE, MARYDAND, 21201 PRIOR TO BURIAL, CREM CERTIFICATION 196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YESKEY NO 🗌 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 4:50AM 1-13 UNDERLYING WOR pedestrian struck by a vehicle CONTRIBUTING CAUSE OF DEATH 211 LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, FARM, ETC.) Md.Rt. 279 -3miles Tot Elkton. Maryland WHILE AT WORK hawy. Autopsy X 220 I certify that I took charge of the remains described above, held an Inspection and in my opinion Homicide death resulted from Suicide L Undetermined manner TITLE (SPECIFY) ACTUAL DATE 1-15-84 SIGNATURE EXAMINER'S NAME (TYPE OR PRINT) 111 Penn Street 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION Burial Ebenezer Cem. Newark, New Castle, Del. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH - 17** (VR A15 ME (5)) 20M 4/B2



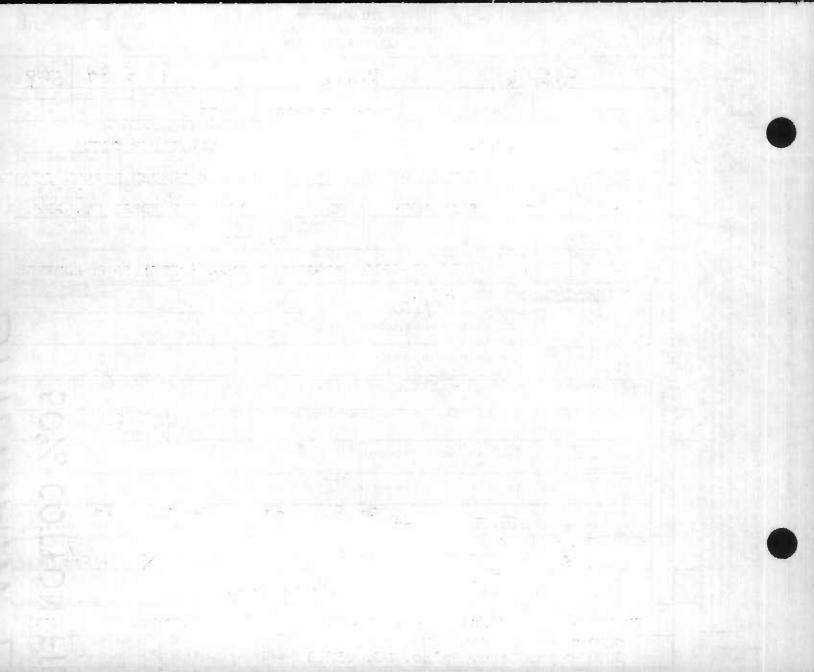
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STATE OF MARYLAND

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(VRA 15, 4)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 2a. DATE OF DEATH MONTH DAY YEAR 2b. HOUR DECEASED NAME FIRST (TYPE OR PRINT) trederick 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX 5. DATE OF BIRTH MONTH 23 1908 75 MALE WHITE 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED COUNTRY MD. U.S.A. DIVORCED BALTIMORE CITY WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12ª USUAL OCCUPATION 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY LIF NOT IN SUCH FACILITY, GIVE STREET ADDRESS: MERCY HOSPITAL SELF-EMPLOYED BEAUTY SCHOOL BALTIMORE USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 21201 13e. STATE 13e. STREET ADDRESS 13b. COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? MD. BALTIMORE 1027 CATHEDRAL ST. APT.8A YESXX NO [ 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST MIDDLE LAST MIDDLE UNKNOWN UNKNOWN 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (IF YES, GIVE WAR OR DATES) (YES NO OR UNKNOWN) SAME ADDRESS 212-03-4813 MARGARET REINKE (WIFE) WWII YES APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for 10), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 160 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES T NO NO F 21a, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY CITY OR TOWN COUNTY STATE LAT HOME, STREET, FACTORY, OFFICE, FARM, ETC.1. WHILE NOT WHILE JUM Jem 5 22a. I certify that (I) (this hospital) attended the deceased from Jan sow the deceased alive on. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated Mb. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN MPORTANI HISICIAN S NAME LYPE OFFRINT 22e ADDRESS ld b 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23e. BURIAL, CREMATION, REMOVAL 23b. DATE BALTIMORE MD SPECKEMATION 1/7/84 GREENMOUNT M FUNERAL SCHOMMUNEK FUNERAL HOME, INC. 250, DATE REC'D, BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 50M 4/B2 3331Brehms Lane, Balto. Md. 21213



A la	(m)	1 -	FOR STATE REGISTRAR		DEPAR	TMENT OF	E OF MARYLAND LEALTH AND MENTAL HY LICATE OF DEATH	GIENE B 4	0		3 2
\$ Y			OR PRINT)	LLIAM	J.		ELDER, SR	2a. DATE OF DEATH	MONTH DA	-	26 HOUR 818 AM
'	ge 4 mg	3. SE	MALE	4. RACE	HITE	S. DATE O		6. AGE (IN YEARS LAST BY	YRS.	UNDER I YEAR	HOURS MIN.
	leath. Po in 72 hai at ouce	M	RIHPLACE (STATE OR FO OUNTRY) aryland		SA	WIDOWI		BALTIN	MORE	CITY	MD.
102	by the fu	1	Baltimore	(# NOT IN:	Ba Hombis	EET ADDRESS)	HOSPITAL	(TYPE OF WORK FOR MOST)  Car Repair	OF WORKING LIFE)	12b. KIND O INDUSTRY Conr	ail
AND 213	filled in hould be	13a S	MD	g номе опотнеп изтити 3b сочиту Baltimore	DN, GIVE RESIDENCE BEF 13c. CITY OR TO BOTH W	WN	134 INSIDE CITY LIMITS?	STREET ADDRESS		tway	21222
MARYL	ompletely	2	THER'S NAME FIRST John	MIDDLE	Reinsfel		15. MOTHER'S MAIDEN N FIRST Elsie	G.	AL.	Con	nor
TIMORE	on ond c	- 0	VAS DECEASED EVER IN ES, NO OR UNKNOWN)	NU.S. ARMED FORCES (IF YES, GIVE WAR OR DATES) WW II	The California of		17 INFORMANT Charlotte	Reinsfelde		ame a	as 13
II W. PRESTON ST., BALTIMORE,	that the death certifics by the attending phy ease remove carbonpo of, cremation, or remov rather traumatic event		PART I. DEATH WAR	DUE TO, which (b), ediote the DUE TO.	OR AS A CONSEC	Myoca	rdial Information	ency tion Mycardial Info	adion	-	Sh
AL RECORDS, 201	he law requires on. has been signed t permit. Then pliene prior to burn ows ony injury, a	CERTIFICATION	4.	ON 196 CON	Failure	CH OPERATIO	NOT RELATED TO THE TER NOTICE CLOSTONIA N WAS PERFORMED NAL	MINAL DISEASE OR CON  Tice Pulmonum  200 AUTOPSY?  YES   NO	Driente 20b. IF YES,	WERE FINDING CAUSES	NGS USED
DIVISION OF VITAL RECORDS,	G PHYSICIAN: Totending physici er this certificate is the burial-transi ond Mental Hygi rked ar Item 18 sh	MEDICAL CER	21a. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 21d. IN JURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	LUSE OF DEATH HOUR LEXAMINER)  21e PLAC (AT HOME.	OF INJURY A.M. MONTH P.M. E OF INJURY STREET, FACTORY, OFFICE	19	211 LOCATION	RRED (ENTER NATURE OF INJU		COUNTY	STATE
	to R ATTENDIN the hospital ar DIRECTOR: Afr Inched for use a Dept. of Health If hem 21 is man		22s. I certify that (1) (s	this hospital) attended	23/84 +		nd that in (my) (cor) opinio	n death occurred on the o		22c. DATE	
	O HOSPITAL efoined by 1 TO FUNERAL should be de- with the Serial			DF. N	MARTIN	1	1270 ADDRESS BOHING	one City h	1	-	23 ( 27
•	BP		URIAL, CREMATION, R SPECIFY) Burial	1/26	5/1983	Holl	y Hill	White N	larsh		state laryland
DH	MH - 16 50M 4/83 (VRA 15, 4)	79	NAME DIRECTOR DI	uda-Ruck, Avenue	Inc Address Dundalk	, MD.		AN 2 1 1984	John Strister	AR'S SIGNAT	shelk

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STATE OF MARYLAND

1 -	FOR STATE REGISTRAR			DEPAR		ICATE OF DEATH	REG. NO	o.		,	
	CEASED NAME	FIRST		MIDDLE	·	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR	
1		IRENE		F.	REUS	6		1-28	84	3/	
3. SE	Х		. RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	NDER I YEAR	IF UNDER 24 HRS	
1	Female	e	Wh	nite	Sept		82	YRS.	ns DATS	NOUNS MIN	
	RTHPLACE (STATE OR	FOREIGN 7	b. CITIZEN OF	WHAT COUNTRY	/2 B	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF	DEATH		
	MD		US	SA	WIDOWE		Baltimor	e City		٨	
10. CI	ITY OR TOWN OF DE	ATH	11. NAME OF			OR OTHER INSTITUTION	120. USUAL OCCUPATION		12b. KIND O	F BUSINESS C	
1	Baltimor	re	111 1101 114 300		ick H	ome	Homema		-	Home	
	AL RESIDENCE (IF NUR	136 COUN		GIVE RESIDENCE BEFO		13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS				
	MD	100 000		Balto.		YES NO	700 W. 4	Oth St	. 212	211	
14. FA	ATHER'S NAME		NODLE	LAST		15. MOTHER'S MAIDEN NA	ME		LAS		
1	William		A.	Fingl	es	Susan	na Č.		Owir		
	WAS DECEASED EVER		MED FORCES?	16b. SOCIAL SEC	CURITY NO.	17 INFORMANT	ADDRE	SS			
1	No	(IF YES, GIVE	WAR OR DATES	216 46	4943	R. Bruce I	Fingles, E	Balto.,	MD	21210	
	18. CAUSE OF DEAT			line for (o), (b), o	and (c).				BETWEEN	MATE INTERVAL ONSET AND DEATH	
	PART I. DEATH V	VAS CAUSED IMMEDIATE		Ceres	lead of	Lamboses re	current		ha	un	
	4340			R AS A CONSEQ	UENCE OF .	0 1 1/	^				
	Conditions, if ony		( (b) 6	Weres	clerofe	a Cerebry Vas	Desere		ye	ars	
	gave rise to im cause (a), statu		DUE TO O	R AS A CONSEO	UENCE OF						
	underlying coust	e lost.									
NO	PART 2. OTHER SIG	NIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CONI	OITION GIVEN	IN PART 10	0 '	
WEDICAL CERTIFICATION	190. DATE OF OPERA	ATION	196. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W	ERE FINDIN	NGS USED	
Ĕ							YES T NOTE	IN CERTIFYIN		NO	
SE SE	210. ACCIDENT WAS UN		216. TIME C			21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I	OR PART 2)		
7	OR CONTRIBUTING		7	.M. MONTH	DAY YEAR						
ğ	21d. INJURY OCCUR		21e. PLACE	OF INJURY		211. LOCATION	CITY OR TO	WN	COUNTY	STATE	
8	WHILE NOT W	PHILE D	(AT HOME, ST	REET, FACTORY, OFFICE	E, FARM, ETC )	SINCE!	(		0//	grang.	
	220.1 certify that (I		ol) ottended th			10 82	, to	19.	84	that (I) (we) la	
	sow the decease	sed olive on_	view the back	mean damen.	84 .01	nd that in (my) (aur) opinion	death occurred on the do	ate and hour on	d from the	couses stated	
	726 SIGNATURE	111	4	X		DEGREE			22c. DATE	SIGNED	
		Whe	les L	Una	-	ATTENDING PHYSICIAN [	MEDICAL STAF		1-7	12-84	
	224 PHYSICIAN'S N	AME THE DE	regin	PAUS DA		22e. ADDRESS					
	Dr. Phi	ilip H	. Mooi	re, M.	D.	Keswick H	Home, Balt	o. , ME	212	211	
	BURIAL, CREMATION		23b. DATE			EMETERY OR CREMATORY	23d. LOCATION				
	Cremation	n	1/2	4/84	Gree	n Mount	Balto.	CC	YTAUC	AD STATE	
24 FL	UNERAL DIRECTOR	Henry	W. Je	enkins8	Sons	5 CO. 250. DAT	E REC'D. BY REGISTRAR	256. REGISTRAR	SSIGNAT	URE	

DHMH - 16 50M 4/B2 (VRA 15, 4)

4905 York Road Balto. MD

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REGISTRAR

- STATE

21201 George St. Apt. 7L 246-22-7971 Herbert P. Rice, Jr. 3808 Boarman Aven APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH ensive Cardio Vascular Disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO F YES [ 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) COUNTY STATE and that in (my) our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED BURIAL Cedar Hill Cem. 1/7/84 Anne Arundel Co. Md. 250. DATE REC'D, BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 Wm. C. March F/H 1101 ADE: North Ave. (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

76 HOUR

12b. KIND OF BUSINESS OR

IF UNDER 1 YEAR

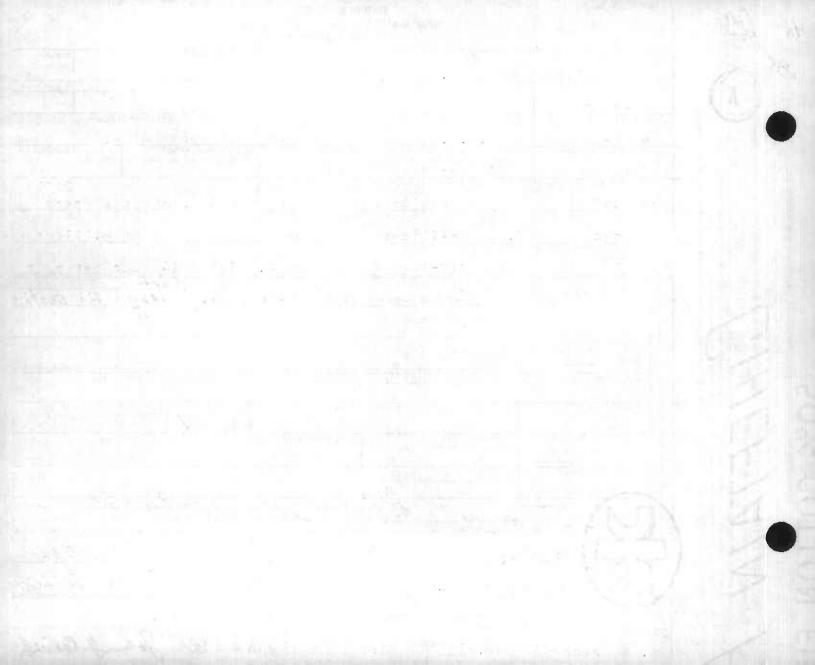
INDUSTRY

IF UNDER 24 HRS

2041	1-	FOR STATE REGISTRAR	DE	PARTMENT OF HI	OF MARYLAND ALTH AND MENTAL HYG CATE OF DEATH	IENE B G	0 1 4	3 5
(B)	Tires	CEASED NAME PAUL	H	Ri	CE	1	22 8x	Th. HOUR
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death.	10.C	TY OR TOWN OF DEATH	T, NAME OF HOSPITAL, N	WIDOWE		12a USUAL OCCUPATIO	on lizz know	MD. OF BUSINESS OR
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MARYLAND 2: ed 'within 24 ho mpletely filled i ond 2 should b		THER'S NAME M	IDDLE	451	YES NO K		L	1222 AST
BALTIMORE, MARYLAND 21201 cote be executed within 24 hours in yescion and completely filled in by apers. Pages Cand 2 should be fille wol. 11, the medical execution must be	16a \	WAS DECEASED EVER IN U.S. ARM	NED FORCES? 166, SOCIA		Nannie 17 INFORMANT Arline M.		Aushe 35 4124 Ede Balto.,	r Road
PRESTON ST., the death certification of the attending phermotic corbon promotion, or remotion, or remotic ever	NO	IB CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED 20.89) IMMEDIATE Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.  PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CON  DUE TO, OR AS A CON  (b)  DUE TO, OR AS A CON  (c)	NSEQUENCE OF		Curfeur		NAMATE INTERVAL N ONSET AND DEATH
VITAL RECOR	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATION		200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSE YES	
ON OF HYSICIA Iding pl hus certif buriot-t Mentol	MEDICAL CE	216. ACCIDENT WAS UNDERLYING OF CONTRIBUTING CAUSE OF DEATH (HE EITHER NOTHEY MEDICAL EXAMINER)  21d. IN JURY OCCURRED  WHILE NOT WHILE AT WORK AT WORK	21b. TIME OF INJURY HOUR A.M. MONT P.M.  21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	TH DAY YEAR  19  OFFICE, FARM, ETC.)	216. HOW INJURY OCCURI 216. LOCATION STREET	RED (ENTER NATURE OF INJUR'		STATE
TTENDI or pritol or use for use of Heol		220.1 certify that (1) (this hospital saw the deceosed alive on bove, (1) (me) (did) (did not)	Δ	19, on	d that in (my) (our) opinion	, to death occurred on the do		, that (I) (we) lost e couses stated
TO HOSPITAL OR A retoined by the hospital DIREC TO FUNERAL DIREC Mould be detached with the Stote Dept.		22d. PHYSICIAN'S NAME (TYPE OR	Milus PRINT)	)	ATTENDING PHYSICIAN [ 220 ADDRESS	MEDICAL STAF		may
	230. 1	BURIAL, CREMATION, REMOVAL (SPECIFY) Urial	23b. DATE		METERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY	STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24. F	uriai ^{UNERAL DIRECTO®} Duda-R 922 Wise Aven	uck. Inc.		s Of Faith 21222	Baltimo:	re 25b. REGISTRAR'S SIGNA John &	Maryland ATURE Chill

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X			CEASED NAME FIRST	WIDDLE		LÁST	REG. N 20. DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
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1	P	3. SE		4. RACE		ATE OF BIRTH	6. AGE   IN YEARS LAST BIR		EAR IF UNDER 24 HRS
6 1	6	1	Female	Bla	ck	MONTH DAY YEAR 24	59	YRS.	YS HOURS MIN.
	3/5		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHA		ARRIED NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF DEATH	1
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φ <u>5</u>	3//		TY OR TOWN OF DEATH	11. NAME OF HOSE		OME OR OTHER INSTITUTION		ION 12b. KIN	D OF BUSINESS OF
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hours I in b	0 201	USU	AL RESIDENCE HE NURSING HOME COLTATE	OR OTHER INSTITUTION, GIVE	RESIDENCE BEFORE ADMI	SSION) 1136. INSIDE CITY LIMIT	S? 130. STREET ADDRESS		21215
24 ille	E/3		ryland		Baltimo			nchester	
£ 7.			THER'S NAME			15. MOTHER'S MAIDE	NAME	.01.00.001	
	De /	1	John	MIDDLE T.	William	s Emma	WIDDLE	Wi	lliams
ecuted	8		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166	SOCIAL SECURITY		ADDR		1 1 1 d m 0
ote be execu	roger medico		(IF YES G	SIVE WAR OR DATES)	19-14-0	673 William	R Rich 36	14 Manche	ster St
w require	rmit. Then please is prior to burial, crei	CERTIFICATION	cause (a), stating the underlying couse last  PART 2. OTHER SIGNIFICANT  19a DATE OF OPERATION	(c)			TERMINAL DISEASE OR CON	IDITION GIVEN IN PART  20b. IF YES, WERE FIN IN CERTIFYING CAU	IDINGS USED
The cion.	and	1 ₽					YES NO	YES 🗆	№ □
AN: hysicot	H H		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		MONTH DAY	YEAR 214. HOW INJURY OF	CURRED (ENTER NATURE OF IN)	MY IN ITEM 18 PART I OR PART	2)
SICI ng p	Mental	WEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.		19			
PHY endi	and Me	NED YED	21d. INJURY OCCURRED	210. PLACE OF IN	JURY ACTORY, OFFICE, FARM, I	211. LOCATION STREET	CITY OR TO	OWN COUNTY	STATE
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ATTI	a of to		obove, (I) (we) and (did r				inion death occurred on the d		
DIR.	Dep F He		nrah L	-// ()		DEGREE ATTENDI	NG MEDICAL _ STA	FF /	ATE SIGNED
TAI by il	e State	1	22d. PHYSICIAN SINAME TORRE	CREPRINT)	1	220. ADDRESS	AN DIRECTOR PHYSI	CIAN	0/84
O HOSP etoined	hould be deto		W.B. De	aniely	Jr.	11 8.0	Chase St.	Balto.	21200
Te re	v > 5	23a. E	URIAL, CREMATION, REMOVA			E OF CEMETERY OR CREMAT	ORY 23d. LOCATION	COUNTY	MeHit.
BP			BURIAL	1/27/8	34 Arb	utus Memoria			
DHMH - 16 5	OM 4/B2		INERAL DIRECTOR		1 CARDRESS	250	DATE REC'D. BY REGISTRAN	256. REGISTRAR'S SIGN	NATURE
(VRA 15	(4)	Wn	. C March F.	/H Inc. 1	TOLE N	orth Avenue	JAN 4 4 1984	Jours of	- wante

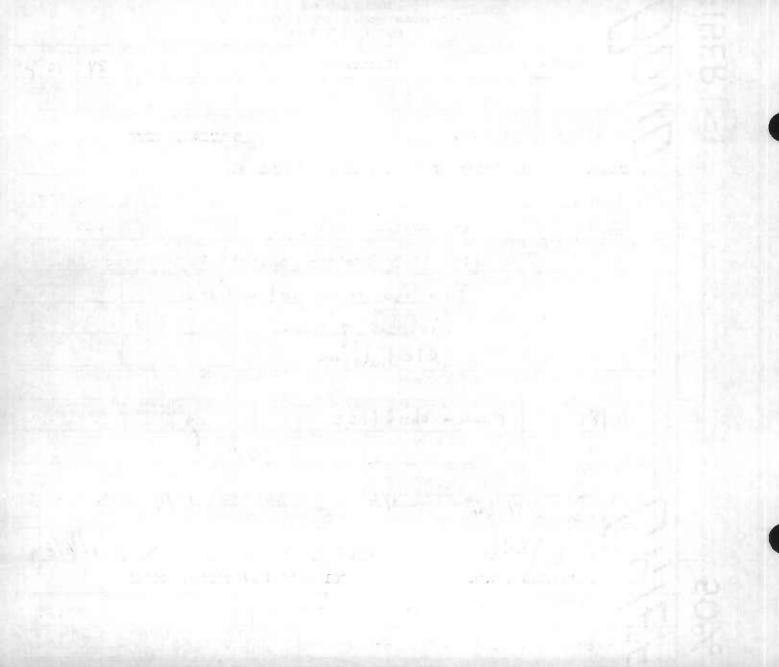


6		FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE REG. NO.	0 1 4 3 7
		1. DECEASED NAME FI	RST MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
å	1	FL(	DRENCE	RICHARDSON	1	8 84 M
mo,	$\Lambda$	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
9 0	X Y	Female	B1ack	3 21 12	71 yr	RS.
Poga	12 6	70. BIRTHPLACE (STATE OR FORE)	GN 76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COU	NTY OF DEATH
deoth.		Virginia	U.S.	WIDOWED DIVORCED	Balto. City	MD.
	4)/	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
100 s of		Balto.	2008 Etting	St.	Cook	Restaurant
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OR Al	ched f	22b. SIGNATURE	(did nat) view the bady after death.	DEGREE		224. DATE SIGNED
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		Samuel.	R. Owings, JA	, M.D 1501 D	ivision St.	Balto., 1114. 21219
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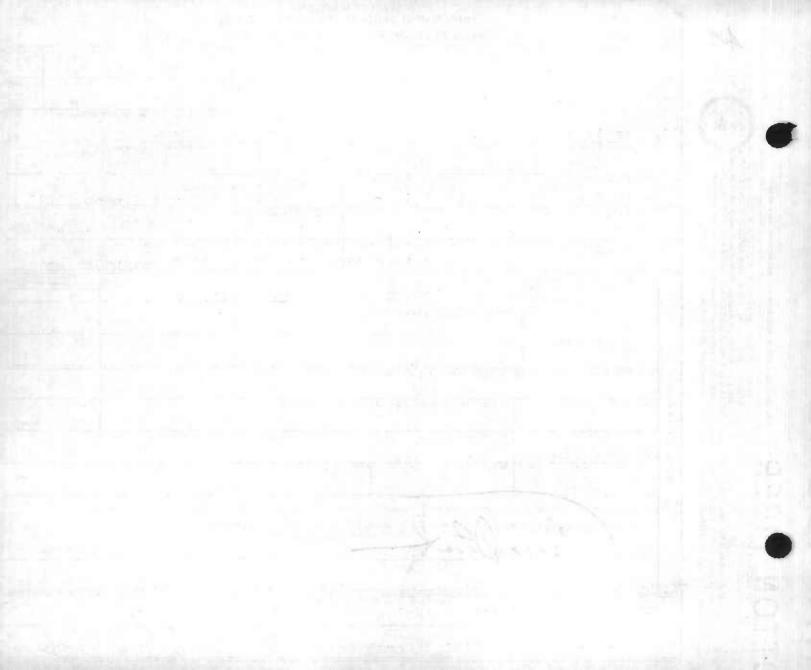
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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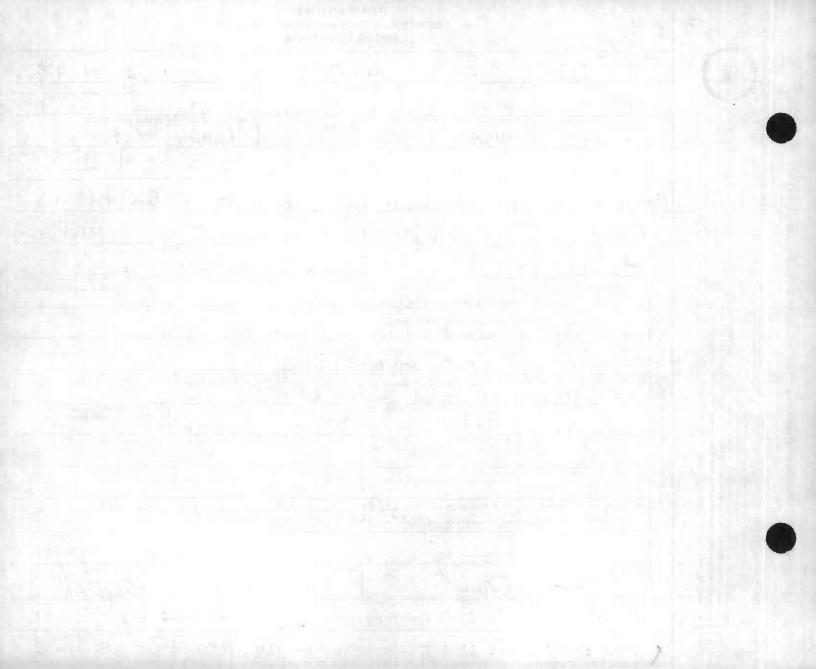


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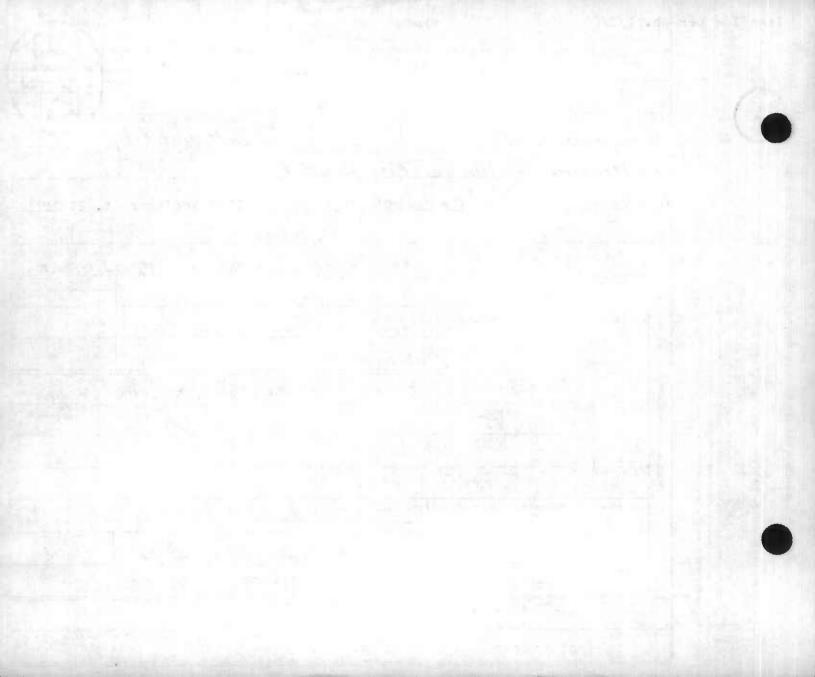
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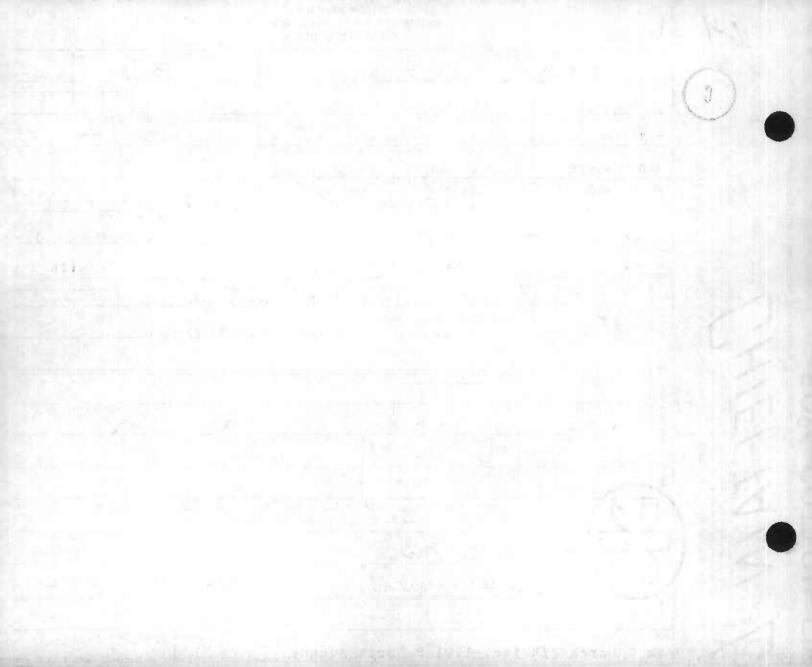
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		CEASED NAME FIRST E	EARLE MIDDLE LAST ZO. DATE OF DEATH MONTH DAY YEAR 26 HOUR
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oy the fu	G .	BALTIMORE	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)  120. USUAL OCCUPATION (ITYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY  SOUTH BALTIMORE GEN HOSP.
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TTENDI pital or TOR: A for use of Heal			oital) ottended the deceased fram 12/27, 19 63, to 1/30, 1984, that (1) (we) last n 7/30, and that in (my) (aur) apinion death accurred an the date and hour and fram the causes stated at) view the bady after death.
OR he he border oche		Il lorante L	Cichard Marion MD ATTENDING MEDICAL STAFF 1/30/84
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	24. F	JNERAL DIRECTOR	250 TO ATEUREC'D. BY REGISTRAR 25 FEBRUARY SIGNATURE .
DHMH - 16 50M 4/82 (VRA 15. 4)	W.	m C March F/F	H Inc. 1101 E North Avenue



13	1.	FOR STATE REGISTRAR	DEPART	STATE OF MAR MENT OF HEALTH AN CERTIFICATE O	ID MENTAL HYG		0 1 4	4/		
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TA CAPE		Deph 06	Chreider &	IND	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/:	21/84		
HOSPI Turned to The Sun		Joseph A. Sc	hneider, Jr., M.	D. 27e. ADD 9000		n Square Dr.,	Balto., M	10 21237		
O# 541 }		BURIAL, CREMATION, REMOVAL	. 236. DAJE , 23c.	NAME OF CEMETERY	OR CREMATORY	23d. LOCATION				
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST 26. DATE OF DEATH MONTH DECEASED NAME MIDDLE 2b. HOUR ames IF UNDER 1 YEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) MONTHS DAYS HOUR5 MONTH DAY YEAR 28 95 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE I STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED DIVORCED Virginia WIDOWED CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 13e. STREET ADDRESS 13b. COUNTY CITY OR TOWN 134. INSIDE CITY LIMITS? YES T 2914-22 Arunah Ave. 21216 NO [ 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME UNENOW n 17 INFORMANT 16b. SOCIAL SECURITY NO Apt. 214 Richie King 1400 E. Madison St. YES 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)
PART I, DEATH WAS CAUSED BY: ARREST CARDIOPULMONARU IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ADRTIC STENUSIS Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 GI 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? 90 DATE OF OPERATION N CERTIFYING CAUSES OF DEATH? NO YES T NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF ELMER NOTIFY MEDICAL EXAMINER) 19 21d. INJURY OCCURRED 21f. LOCATION 21ª PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE saw the deceased alive an JAN 2 19 54 , above (I)/(I) we) (did not) view the bady after death. and that in (my) (our) apinian death accurred on the date and haur and from the causes stated 27h SIGNATURE DEGREE 22c DATE SIGNED m. 1). ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN Ald be a shall be a sh 220 ADDRESS 22d. PHYSICIAN'S NAME (TYPE OR PRINT) OWINGS MILLS MI) E. HERMAN COUNTESS DRIVE 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY SPEGURIAL 2/3/84 Md.

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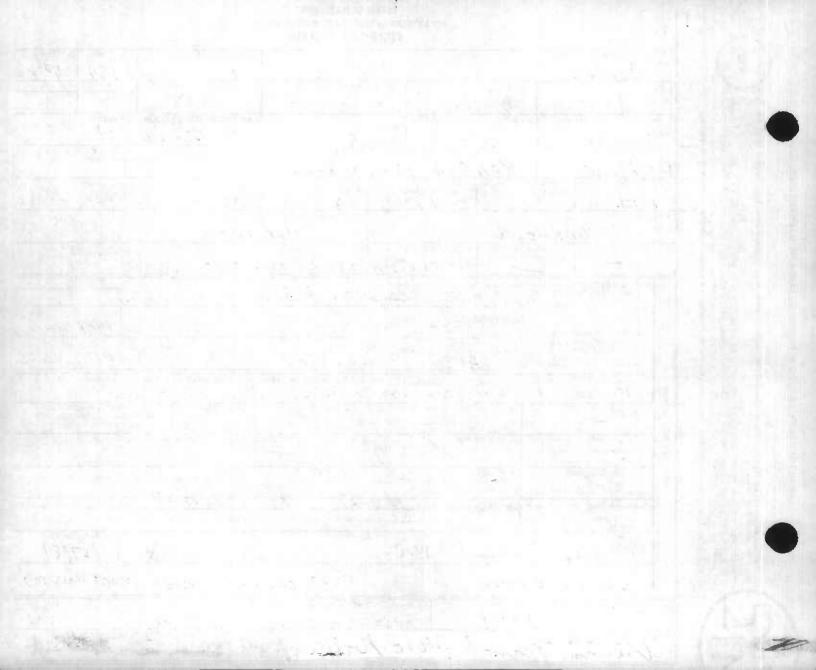
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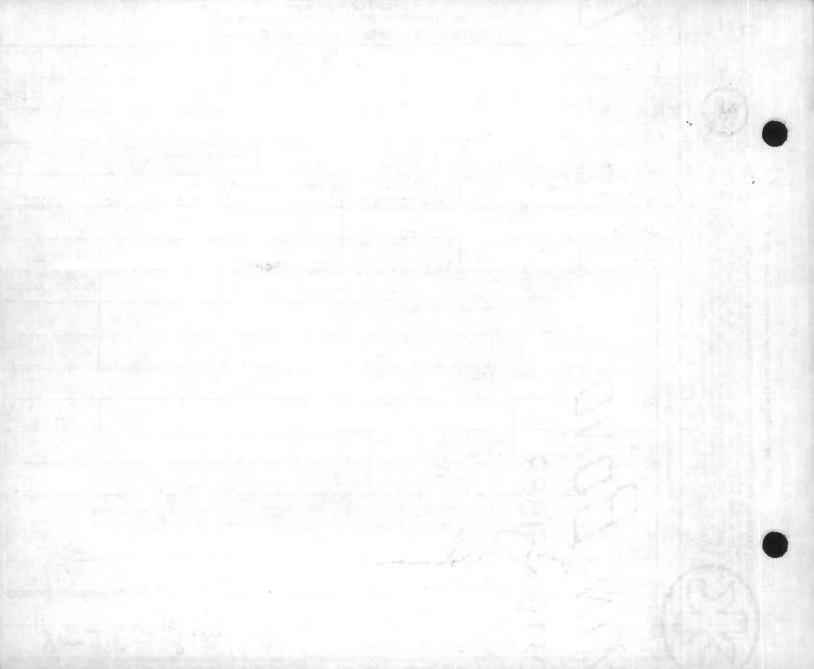
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DHMH - 16 50M 4/82 (VRA 15, 4)

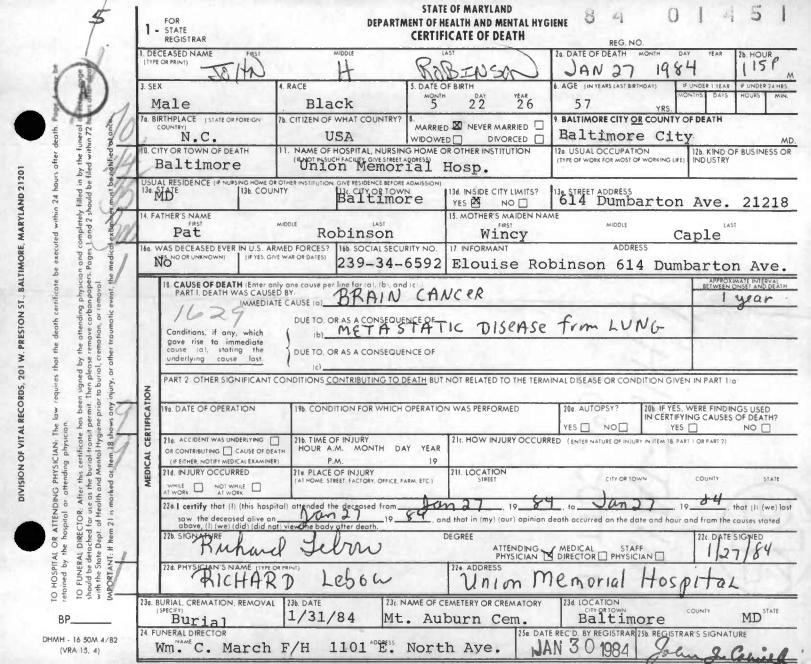
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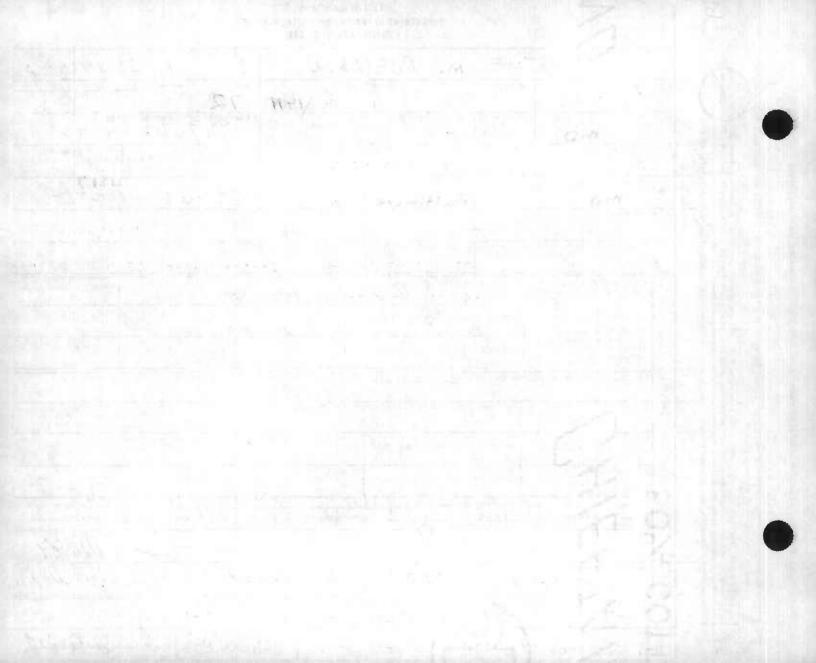


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quires that the deoth cert signed by the ottending hen please remove corbo to buriol, cremotion, or re jury, or other troumotic e	Z	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	due to, or as a cons	SEQUENCE OF LINY Ce	WCEN	VEN IN PART 11a
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STATE

REGISTRAR

Nutter and Sons

Funeral Home, Inc.

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

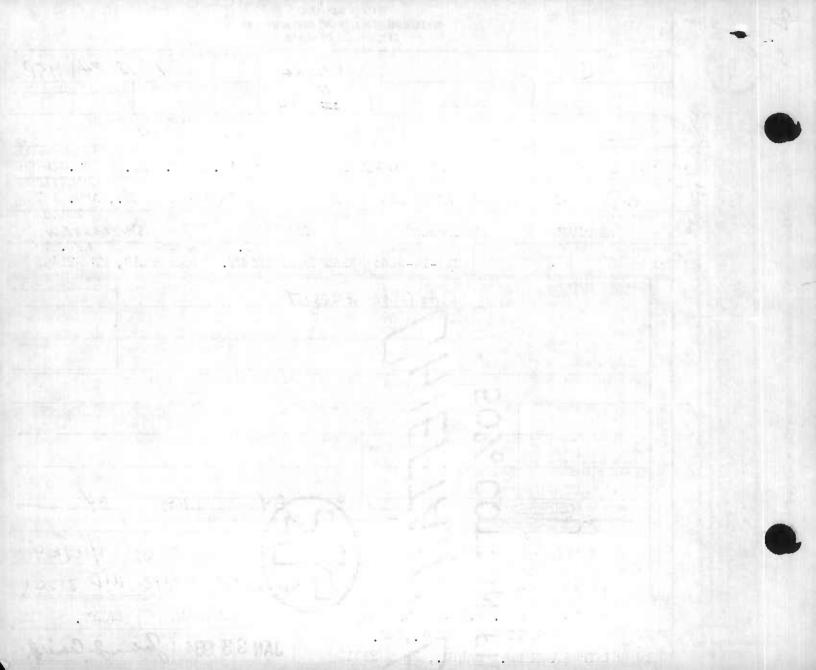
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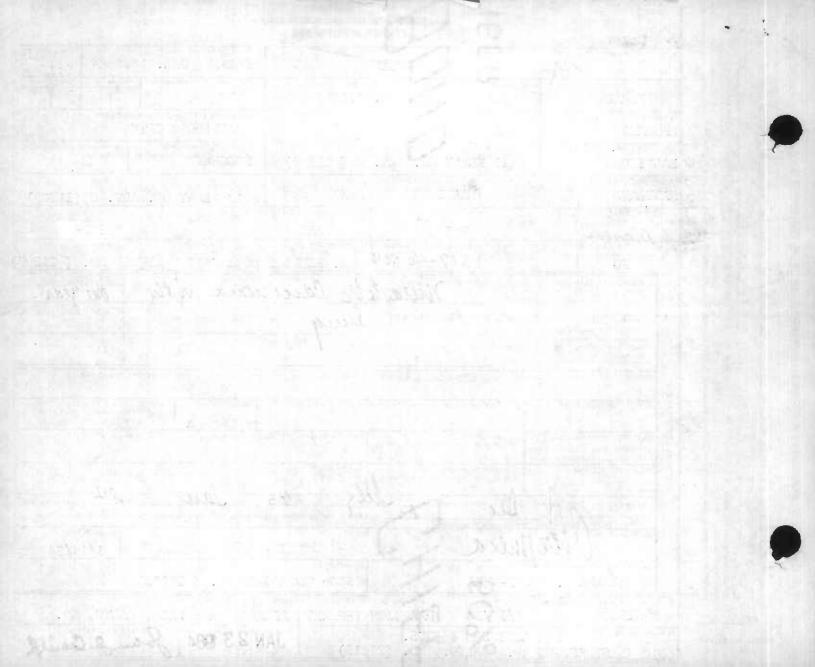
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	oge 4 m	3. SE	M ALE	4. RACE WHITE	5. DATE OF BIRT	14	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.		
•	funeral dir hin 72 hou		IRTHPLACE (STATE OR FOREIGN COUNTRY) RUSSIA ITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY  USA	WIDOWED DI	MARRIED	BACTO CI	MD.		
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AND 21	in 24 ho hond be	13a.	STATE NO. COUR ANNE	ARUNDEL ANNAF	OLIS 13d. INSIDE C	NO []		T CT., APT. 107		
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AL RECOI	on. hos been t permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR WHIC	HOPERATION WAS PERFO	DRMED	200 AUTOPSY? 20b	LIFYES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO		
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DIVISION	or attendir	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, OFFIC	1	ON	CITY OR TOWN	COUNTY STATE		
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	by the hore terror of the by the hore detached State Dept ANT: If there		THE SIGNATURE COURT	FuldIMD		ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED		
	TO HOSPITAL retained by the TO FUNERAL should be detained by the State with the State IMPORTANT:		220. PHYSICIAN'S NAME (TYPE OF	Fuld	22e ADDRES 72 S	6. Guer	est. BAZI	JOSIZ CIM. C.		
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D	HMH - 16 50M 4/82 (VRA 15, 4)		NAME	EVINSON & BROS		JAN	2 3 1984	John & Cohief		



STATE OF MARYLAND



STATE OF MARYLAND

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		JNERAL DIRECTOR	5 15 17			ESS 1050 S			TE REC'D. BY REGIS	TRAR 25h R	EGISTPAP'S SI	GNATH	RF	

